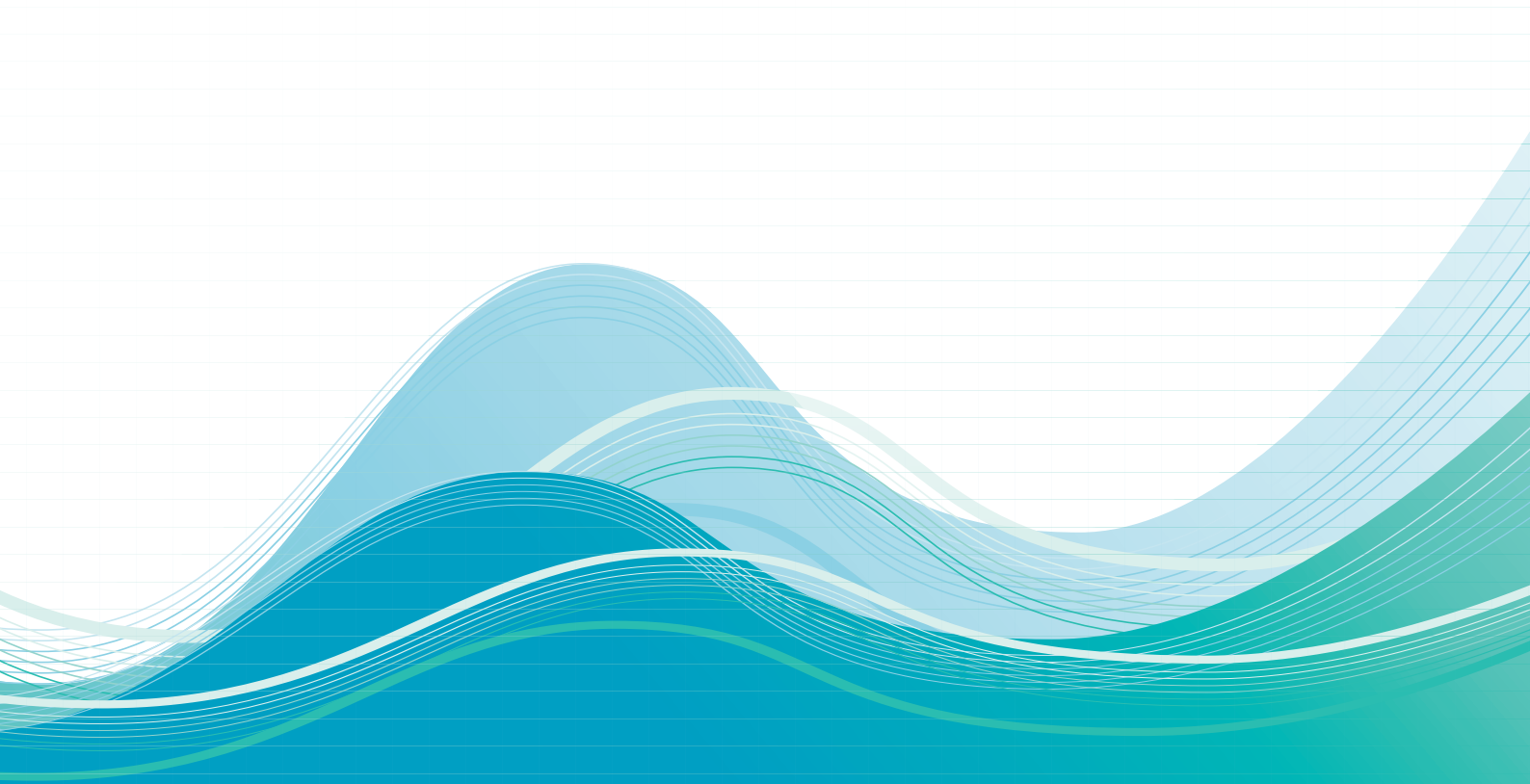


Hospital Quarterly

Performance of NSW public hospitals
October to December 2010

Volume 1, Issue 3



BUREAU OF HEALTH INFORMATION

PO Box 1770
Chatswood NSW 2057
Australia
Telephone: +61 2 8644 2100
www.bhi.nsw.gov.au

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.

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Additional documents

Available for download on the Bureau's website at www.bhi.nsw.gov.au

1. **Data quality assessment:** information systems in NSW emergency departments, July to September 2010
2. **Data quality assessment:** elective surgery information systems for patients of NSW public hospitals, July to September 2010
3. **Technical supplement:** measures of emergency department activity and performance, July to September 2010
4. **Technical supplement:** measures of elective surgery activity and performance, July to September 2010
5. **Technical supplement:** measures of admitted patient activity, July to September 2010

Foreword

Measuring and reporting performance plays an important role in achieving the best possible healthcare system.

To know where you're going, it is said, you must know where you have come from, and it is in this context that the Bureau of Health Information presents its third *Hospital Quarterly* report.

As we repeatedly examine the activity and performance of the NSW public health system, we build an expanding pool of information that can be used to focus the system's improvement efforts.

Patients and their families will also find value in this report. It provides timely, accurate and comparable information about their public hospitals, and makes the system more transparent. It gives detailed figures for individual hospitals and shows how hospitals compare with each other.

The Bureau carries out independent and rigorous analyses of NSW public health system information. Our aim is that these analyses paint the most accurate possible picture of the system's performance.

Our latest *Hospital Quarterly* report shows that from October to December 2010, the NSW public hospital system, continued to get busier.

It admitted patients for more than 410,000 episodes of care and cared for more than half a million emergency department patients. These numbers have increased steadily over the past two years.

Our work stems from the recommendations of Commissioner Peter Garling SC, who led the 2008 Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals.

Commissioner Garling called for a Bureau of Health Information to be established to publicly report data relating to the safety and quality of patient care because it "*encourages improvement in all services*" and is "*the single most important driver (or lever) for the creation of public confidence in the health system, engagement of clinicians, improvement and enhancement of clinical practice and cost efficiency*".

In response to Commissioner Garling's recommendations, the NSW Government developed *Caring Together: The Health Action Plan for NSW*.

The Bureau's work forms part of this plan and builds on existing foundations to create an expanding and enlightening portfolio of hospital performance information for the NSW community.



Professor Bruce Armstrong AM
Chairman of the Board



Dr Diane Watson
Chief Executive



Summary

Words are often regarded as a superior mechanism for telling stories. Numbers, however, can be just as compelling.

By examining the numbers of hospital presentations and admissions, and how many patients receive elective, or planned, surgery and emergency department care on time, we see a story begin to unfold about how the state's hospitals are dealing with increased demand, where they excel, and where there might be opportunities to improve.

The Bureau of Health Information's *Hospital Quarterly* report series is a vehicle to tell that story, and as we continue to create timely, accurate and comparable information, the NSW public hospital system narrative will become clearer.

This information is important to patients, their families, healthcare workers and the broader community in order to achieve a high-performing health care system.

This issue of *Hospital Quarterly* builds on the hospital performance material already published by the Bureau in its previous two quarterly reports.

In this report, the Bureau continues to chart how hospitals are performing, how the use of hospitals is changing over time and how similar hospitals compare with each other. It includes information on the number of elective surgical procedures performed, how long patients who received surgery waited for care and whether they were treated within clinically recommended time frames. Data for the past two years are provided at a state-wide level and for more than 80 hospitals. We also publish information on the number of patients receiving elective surgery over a five-year period.

This issue also includes performance information on emergency departments in more than 60 hospitals and profiles four time intervals:

- ambulance arrival to emergency department care
- waiting times for treatment
- time from arrival to admission
- time from arrival to discharge or transfer.

We have charted emergency department attendances (by triage category) over a period of two years, allowing us to show seasonal fluctuations. This information is also available at a state-wide level and for individual hospitals.

What we found about admitted patient journeys

In the October to December quarter, there were 410,232 admitted patient episodes of care in NSW public hospitals. This number is lower than in the previous quarter – reflecting a typical drop in hospital admissions experienced over the period just prior to Christmas – but higher than the same quarter last year. Over the past two years, the number of admitted patient episodes has increased steadily, and this quarter's results are 5% higher than in October to December 2008.

More detail about admitted patient journeys in major public hospitals can be found on [pages 4 to 6](#).

A glossary of terms used in this and other Bureau publications is available at www.bhi.nsw.gov.au

What we found about elective surgery

This issue of *Hospital Quarterly* shows the strong seasonal variation commonly seen during October to December reflected in the number of planned or elective surgery procedures performed. While there were fewer elective surgical procedures carried out in October to December 2010 compared to the previous quarter, more procedures were performed across all urgency categories than at the same time last year.

The number of completed surgical procedures has increased. The wait time experienced by patients who received urgent and semi-urgent elective surgery during October to December is similar to last quarter and there has been a continued decrease in the amount of time patients wait for non-urgent surgery. Future Bureau reports may shed more light on whether the last two consecutive quarters of shorter waits represent the beginning of a new downward trend in wait times for non-urgent surgery.

Further information on patients waiting for elective surgery

Information on the number of patients currently waiting for surgery is contained in the monthly reports released by the NSW Department of Health: *Current Waiting Times and Waiting Times Register by Specialty for NSW Hospitals* (available at www.health.nsw.gov.au)

Surgical procedures performed

From October to December 2010, there were 50,717 elective surgery procedures carried out in NSW public hospitals or public services contracted out to private hospitals, 7% fewer than the previous quarter but 5% higher than during October to December 2009.

The number of elective procedures has also increased in each urgency category compared to the same quarter last year: 13,568 patients in category 1, the highest priority category, received surgery (up 3%); 15,922 patients in the semi-urgent, or category 2 group, received surgery (up 9%); and 21,157 patients in the non-urgent, or category 3 group, received surgery (up 4%). The composition of patients receiving elective surgery has also changed over time. Urgent surgery now makes up 26% of all elective procedures (compared to 41% five years ago), semi-urgent surgery has remained largely unchanged, and non-urgent surgery now represents 42% of all elective surgery procedures (up from 30% five years ago).

More detail about the number and composition of elective surgical procedures performed in public hospitals is profiled on [pages 10 to 12](#).

On time performance

Data for the October to December 2010 quarter show that a high proportion of people requiring elective surgery continue to be seen on time and there has been a continued decrease in the length of time patients wait for non-urgent procedures over the most recent two quarters. The percentage of patients across all surgical categories who received their surgery on-time was at a two year high of 92%. This is similar to the previous quarter (91%) and higher than the same quarter last year (89%).

Elective surgery details for your local hospital available online

Detailed information on more than 80 NSW hospitals that perform elective surgery is available in the *Performance profile: elective surgery, October to December 2010* on the Bureau of Health Information website www.bhi.nsw.gov.au. Performance profiles can also be downloaded from our website, arranged by local health network and for the largest seven peer groups.

Information for more than 80 hospitals profiled includes:

- Number and types of patients receiving elective surgery
- On time performance by urgency category
- Waiting times
- Change over time.

Patients in the highest urgency category for elective surgery (category 1) were most likely to be admitted within the recommended 30-day time frame (93%) – the same result as the corresponding period last year. The median* waiting time of category 1 patients was 11 days – a day longer than one year ago.

Most patients waiting for semi-urgent procedures (90%) were admitted within the recommended 90-day time frame, which was considerably higher than the same time last year (85%). The median waiting time for these patients was 46 days, two days less than the preceding quarter (48 days) and one day less than one year ago.

From October to December 2010, 92% of patients waiting for non-urgent procedures were admitted within the recommended 365-day time frame. This is similar to the preceding quarter (91%) and higher than the same quarter in 2009 (89%). For these patients the median waiting time in the October to December 2010 quarter was 169 days, less than the 175 days in the previous quarter but up from the same period last year (146 days).

More detail about elective surgery performance and waiting times in major hospitals can be found on [pages 15 to 18](#).

The guidelines are as follows:

Elective surgery guidelines	
Category 1 Urgent	Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
Category 2 Semi-urgent	Admission within 90 days desirable for a condition which is not likely to deteriorate quickly or become an emergency
Category 3 Non-urgent	Admission within 365 days acceptable for a condition which is unlikely to deteriorate quickly and which has little potential to become an emergency

* This is the number of days it took for half of the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took longer than the median to be admitted for surgery.

What we found about emergency departments

From October to December 2010, there were more than half a million attendances (535,790) at public hospital emergency departments across NSW. This is 27,945 more attendances than in the previous quarter and eclipses the 517,858 patients seen when the swine flu pandemic was at its peak in the July to September quarter 2009.

Emergency departments often experience increased demand during the Christmas holiday period. During the October to December 2010 quarter, attendances in emergency departments were at a two-year high. This high number of attendances was sustained throughout all three months of the quarter.

Of the total attendances for October to December 2010, 523,627 were considered 'emergency attendances'. The remaining 12,163 patients were planned or pre-arranged visits.

From October to December 2010, there were 118,394 admissions to hospital via the emergency department, which is 1% higher than the last quarter and 7% higher than the same quarter last year.

More detail about the journeys of patients through NSW emergency departments can be found on [pages 23 to 38](#).

Arrivals by ambulance

Hospital targets for NSW stipulate that 90% of patients arriving by ambulance should be accepted into emergency department care within 30 minutes of arrival. From October to December 2010, 128,151 patients arrived at the department by ambulance (24% of all attendances). Among these patients 66% were accepted into the care of the emergency department within 30 minutes of the

ambulance arriving at the hospital. This represents an increase from the last quarter (64%) but is lower than the same quarter last year (72%). The target for NSW has not been met in the past two years.

More detail about patients being accepted into the care of emergency departments from an ambulance can be found on [pages 26 to 27](#) and [35 to 36](#).

Waiting time to treatment in an emergency department

There are targets that specify how quickly patients should be seen in public hospital emergency departments from the time they are first assessed (or triaged) until they start treatment – depending on the urgency of their condition.

The guidelines are as follows:

Emergency department guidelines	
Category 1	Immediately life threatening: 100% seen in 2 minutes
Category 2	Imminently life threatening: 80% seen in 10 minutes
Category 3	Potentially life threatening: 75% seen in 30 minutes
Category 4	Potentially serious: 70% seen in 60 minutes
Category 5	Less urgent: 70% seen in 120 minutes

From October to December 2010, patients were seen in the recommended time frame for all categories except triage category 3, where 71% were seen within the 30-minute target. This represents an increase in the percentage of category 3 patients seen on time from the previous quarter (69%) but is lower than the same time last year (73%). The triage 3 target

of 75% has not been met at a state wide level in the past two years. Some hospitals and regions perform closer to the targets than others.

Triage categories 2, 4 and 5, while exceeding the targets set, experienced a slight decline in performance this quarter compared to the same period last year. This has occurred within a landscape of increased numbers of patients attending emergency departments across the state. Triage category 1 has remained unchanged (at 100%).

Your local emergency department performance available online

Information on patient volume and waiting times in more than 60 emergency departments across NSW is available in the *Performance profile: emergency department care, October to December 2010* on the Bureau of Health Information website www.bhi.nsw.gov.au. Performance profiles can also be downloaded from our website, arranged by local health network and for the largest seven peer groups.

The information included in each hospital emergency department profile includes:

- Number and types of patients who receive treatment
- Triage performance and comparison over time
- Waiting times
- Time from treatment to admission or discharge.

More detail about waiting times for treatment in emergency departments can be found on [pages 27 to 33](#) and [35 to 36](#).

Time from arrival in the emergency department to departure

When doctors decide a patient in the emergency department needs to be admitted to hospital, the target is for 80% of patients to be admitted within eight hours of arrival. This is called emergency admission performance (EAP).

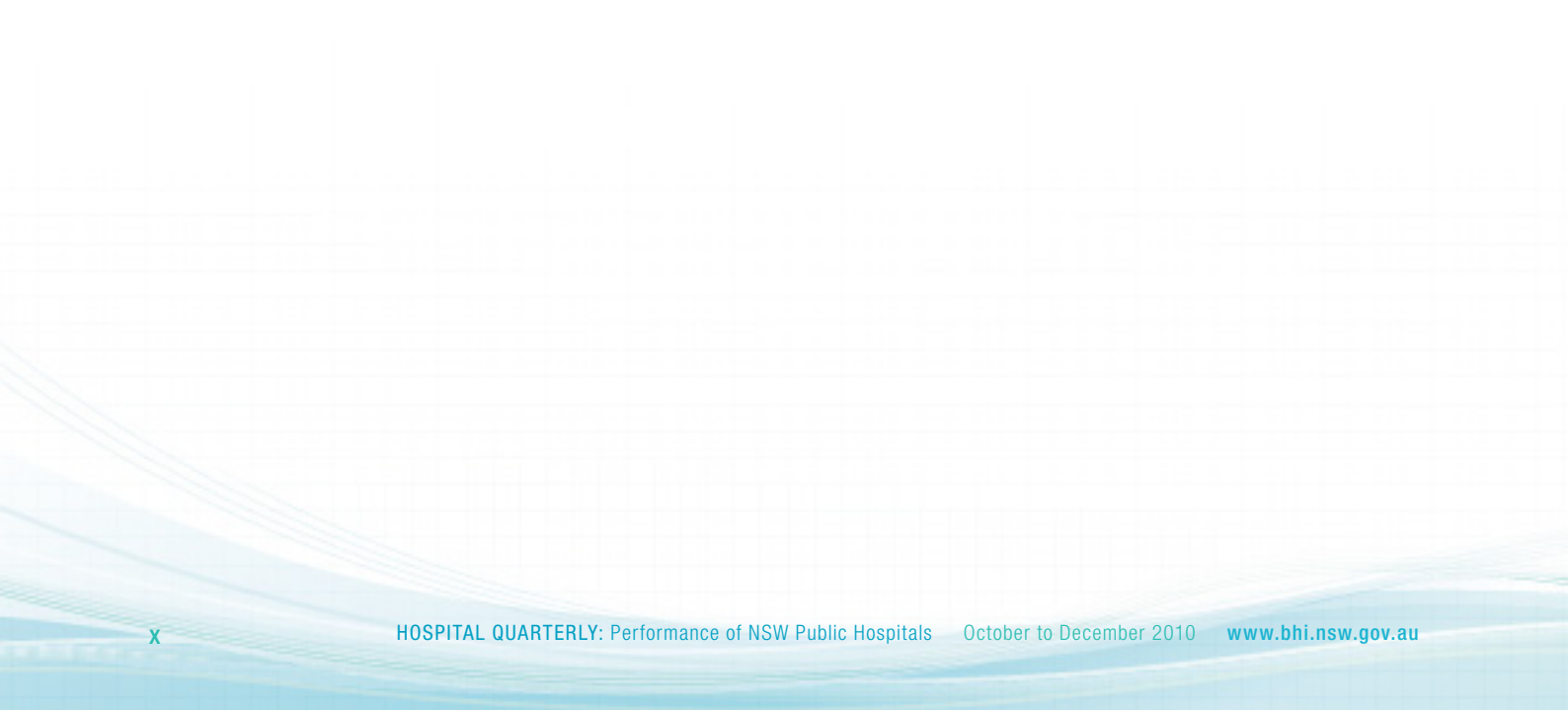
The Bureau found that during the October to December 2010 quarter, 65% of patients were admitted in the eight-hour target time from arrival to admission. This level of performance has improved since the previous quarter (61%) but is lower than one year ago (70%).

More detail about EAP performance for more than 60 hospitals can be found on [pages 31 to 33](#).

Information on how long it took for NSW patients from each triage group to be admitted or discharged from the emergency department is profiled on [pages 28 to 30](#).

Further information on how NSW compares internationally in emergency departments and elective surgery

Information on use of emergency departments and patient wait time experiences in NSW, the rest of Australia and 10 other countries is available in *Healthcare in Focus: how NSW compares internationally* (available at www.health.nsw.gov.au)



Chapter 1: Patients who spend one or more days in public hospitals

People can be admitted to hospital for a variety of reasons including medical care, surgery, procedures and childbirth. When a person is admitted to hospital, they begin what is called an episode of care, which covers a single type of care such as acute care, rehabilitation or palliative care. Sometimes, the medical needs of a person staying in hospital change so much that they can start a second or third episode during the same admission period.

Healthcare professionals monitor the number of episodes to better understand their local population's health needs and to allow planning for hospital beds, waiting lists and staffing requirements. The number of episodes varies depending on the season. These changes can have a significant effect on hospital planning and the care provided. For this reason, the Bureau has reported change since the last quarter, since one year ago and since two years ago.

Number of admitted patient episodes

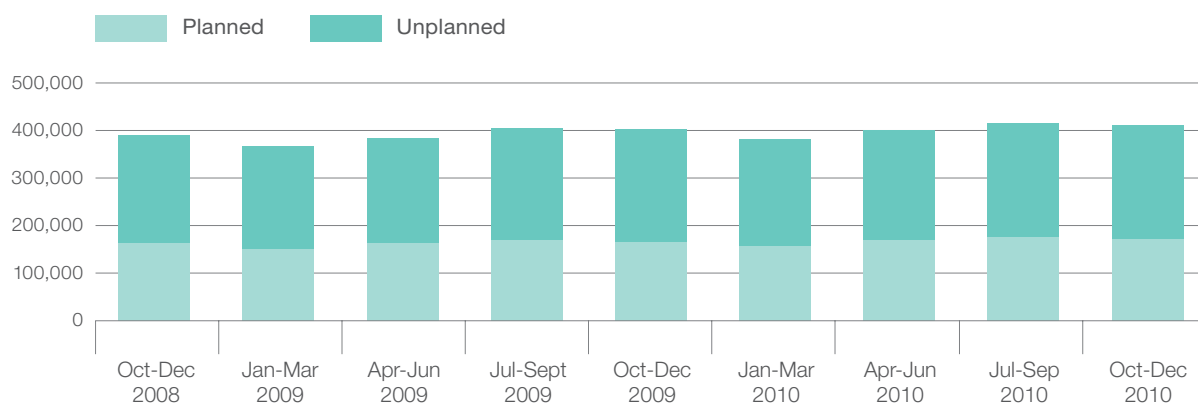
In the October to December 2010 quarter, there were 410,232 admitted patient episodes of care in NSW public hospitals. Each year there is a seasonal peak in the number of admitted patient episodes during the July to September quarter. Within each year, the fewest admitted patient episodes occur during the January to March quarter. These seasonal patterns are illustrated in [Figure 1](#).

There has been a steady annual rise in the number of admitted patient episodes in NSW public hospitals:

- In October to December 2009, there were 401,640 admitted patient episodes indicating an increase of 2% in the past year
- In October to December 2008, there were 389,925 admitted patient episodes indicating an increase of 5% in the past two years.

Admitted patient episodes can be either 'planned' (admitted episodes that are arranged in advance so the hospital can plan for what care is needed and schedule any procedures) or 'unplanned / other' (admitted episodes that are emergency admissions or unplanned surgical patients).

Figure 1: Planned and unplanned admitted patient episodes in NSW public hospitals, October 2008 to December 2010



Total episodes	389,925	368,436	384,715	404,329	401,640	382,923	400,808	415,882	410,232
Planned	163,834	149,831	162,918	169,151	165,554	156,378	169,854	175,569	172,326
Unplanned / other	226,091	218,605	221,797	235,178	236,086	226,545	230,954	240,313	237,906
Babies born	17,743	17,422	17,226	17,826	17,660	17,388	17,925	18,039	17,345

Note: Only babies born in NSW public hospitals and multi-purpose services are included in this count.

Note: Numbers might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted. The facilities and episodes of care that contribute to episode numbers in NSW have changed for *Hospital Quarterly, July to September 2010* and subsequent reports. Additional detail on the effect of this can be found in the Bureau's *Technical supplement: measures of admitted patient activity, July to September 2010*.

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

In the October to December 2010 quarter, there were 172,326 planned admitted patient episodes and 237,906 unplanned. Planned admitted episodes accounted for 42% of all admitted patient episodes (Figure 1).

An admission for childbirth is considered unplanned and approximately one in fourteen unplanned episodes was for childbirth. During October to December 2010, there were 17,345 babies born in NSW public hospitals, down from 17,660 in the same quarter one year ago.

Number of acute patients

Planned and unplanned admissions may be for 'acute care' or 'subacute care' (such as rehabilitation, palliative care or aged care).

When patients are admitted for acute care, this could be for medical care after a heart attack or with cancer, for a procedure such as cardiac catheterisation, or for surgery such as a hip replacement. Typically, the hospital care is short-term and immediate. All maternal and newborn admissions are also considered acute. Acute episode activity is presented in Figure 2.

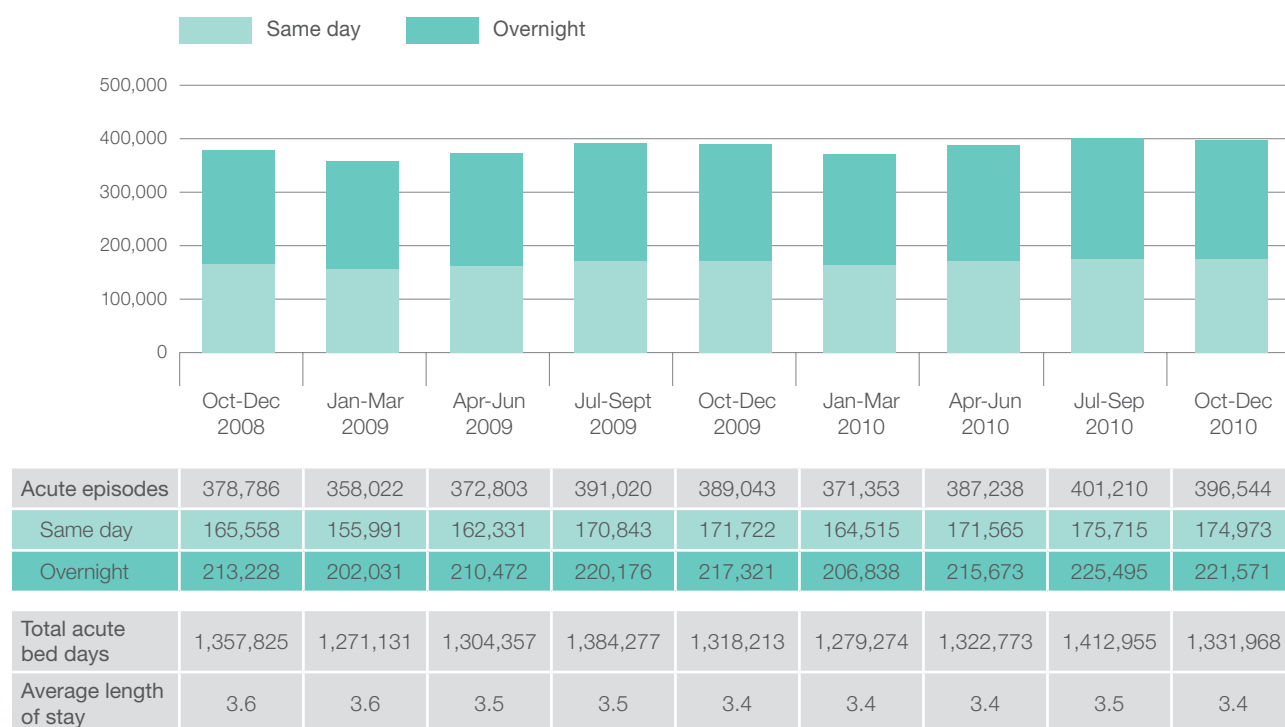
In the October to December 2010 quarter, there were 396,544 acute admitted patient episodes, down from 401,210 in the last quarter. By comparison:

- In October to December 2009, there were 389,043 acute admitted patient episodes indicating an increase of almost 2% in the past year
- In October to December 2008, there were 378,786 acute admitted patient episodes indicating an increase of almost 5% in the past two years.

Acute admitted patient episodes can be either 'same day' (admitted for a single day or part of a day to receive a test, surgery or other procedure) or 'overnight' (admitted for a stay of one or more nights in hospital).

In October to December 2010, there were 174,973 same day episodes (44% of acute admitted episodes) and 221,571 overnight episodes (56% of acute admitted patient episodes) as shown in [Figure 2](#).

Figure 2: Same day and overnight acute admitted patient episodes in NSW public hospitals, October 2008 to December 2010



Note: Numbers might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted.

Note: The facilities and episodes of care that contribute to episode numbers in NSW have changed for *Hospital Quarterly, July to September 2010* and subsequent reports. Additional detail on the effect of this can be found in the Bureau's *Technical supplement: measures of admitted patient activity, July to September 2010*.

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Hospital bed use for acute patients

In the October to December 2010 quarter, patients admitted for an acute episode stayed a total of 1,331,968 days in a hospital bed, down from 1,412,955 in the last quarter. The average length of stay in hospital among acute patients (including same day patients) was 3.4 days (Figure 2).

By comparison:

- In October to December 2009, patients admitted for an acute episode stayed a total of 1,318,213 days indicating an increase of 1% in the past year. The average length of stay for acute patients was 3.4 days

- In October to December 2008, patients admitted for an acute episode stayed a total of 1,357,825 days indicating a decrease of 2% in the past two years. The average length of stay for acute patients was 3.6 days.

Admitted patient episode data at a state level includes all public hospitals in NSW but is presented individually for all principal referral hospitals and major acute hospitals, as well as for area health services, in Table 1. Information from smaller hospitals is presented for each area health service under an 'other' category.

Table 1: NSW admitted patient activity by hospital and area health service, October to December 2010

	All episodes			Acute episodes			
	Total episodes	Planned	Unplanned / other	Same day	Overnight	Total acute bed days	Average length of stay (days)
Total New South Wales	410,232	172,326	237,906	174,973	221,571	1,331,968	3.4
The Sydney Children's Hospitals Network (Randwick & Westmead)							
Sydney Children's Hospital	4,445	2,279	2,166	2,004	2,438	13,071	2.9
The Children's Hospital at Westmead	7,351	4,125	3,226	3,330	4,021	22,896	3.1
Total Sydney Children's Hospitals Network	11,796	6,404	5,392	5,334	6,459	35,967	3.1
Greater Southern							
Wagga Wagga Base Hospital	6,672	2,689	3,983	3,029	3,528	17,651	2.7
Other Greater Southern	20,279	6,465	13,814	8,741	10,285	48,796	2.6
Total Greater Southern	26,951	9,154	17,797	11,770	13,813	66,447	2.6
Greater Western							
Dubbo Base Hospital	5,059	2,541	2,518	2,395	2,644	12,662	2.5
Orange Base Hospital	5,326	2,544	2,782	2,590	2,650	12,436	2.4
Other Greater Western	12,304	4,380	7,924	5,295	6,619	37,124	3.1
Total Greater Western	22,689	9,465	13,224	10,280	11,913	62,222	2.8

All episodes

Acute episodes

	Total episodes	Planned	Unplanned / other	Same day	Overnight	Total acute bed days	Average length of stay (days)
Hunter New England							
Calvary Mater Newcastle	3,676	964	2,712	1,101	2,443	13,111	3.7
John Hunter Hospital	18,940	9,732	9,208	9,280	9,395	59,875	3.2
Maitland Hospital	3,743	798	2,945	686	2,975	14,353	3.9
Manning Base Hospital	4,626	2,274	2,352	2,246	2,306	13,289	2.9
Tamworth Base Hospital	5,598	2,701	2,897	2,418	3,066	16,544	3.0
Other Hunter New England	13,938	5,551	8,387	5,209	8,441	47,799	3.5
Total Hunter New England	50,521	22,020	28,501	20,940	28,626	164,971	3.3
Justice Health							
Total Justice Health	616	399	217	33	576	15,141	24.9
North Coast							
Coffs Harbour Base Hospital	7,003	3,440	3,563	3,470	3,449	19,402	2.8
Lismore Base Hospital	6,549	3,018	3,531	2,739	3,753	21,579	3.3
Port Macquarie Base Hospital	4,803	2,104	2,699	1,837	2,924	15,255	3.2
The Tweed Hospital	7,923	3,176	4,747	3,568	4,344	21,425	2.7
Other North Coast	14,775	7,215	7,560	8,284	5,957	37,758	2.7
Total North Coast	41,053	18,953	22,100	19,898	20,427	115,419	2.9
Northern Sydney Central Coast							
Gosford Hospital	12,197	5,140	7,057	4,949	7,060	42,079	3.5
Hornsby and Ku-Ring-Gai Hospital	4,038	1,193	2,845	982	2,934	16,028	4.1
Manly District Hospital	3,476	690	2,786	976	2,474	12,301	3.6
Mona Vale and District Hospital	4,057	1,671	2,386	1,932	1,929	10,282	2.7
Royal North Shore Hospital	13,352	5,247	8,105	4,895	8,084	48,542	3.7
Ryde Hospital	2,633	722	1,911	950	1,609	9,795	3.8
Wyong Hospital	6,652	2,953	3,699	3,163	3,281	22,382	3.5
Other Northern Sydney Central Coast	2,651	975	1,676	346	1,415	20,401	11.6
Total Northern Sydney Central Coast	49,056	18,591	30,465	18,193	28,786	181,810	3.9
South Eastern Sydney Illawarra†							
Prince of Wales Hospital	10,379	5,850	4,529	4,844	5,282	40,278	4.0
Royal Hospital for Women	3,719	588	3,131	1,095	2,624	12,138	3.3
Shoalhaven and District Memorial Hospital	5,593	2,396	3,197	2,977	2,567	13,224	2.4
St George Hospital	13,510	6,002	7,508	5,350	7,687	46,442	3.6
St Vincent's Hospital, Darlinghurst	9,636	5,195	4,441	5,360	4,275	34,124	3.5
Sutherland Hospital	6,387	2,357	4,030	2,062	3,783	20,280	3.5
Sydney / Sydney Eye Hospital	2,911	1,525	1,386	1,600	1,306	6,100	2.1
Wollongong Hospital	12,817	4,136	8,681	5,750	6,998	46,304	3.6
Other South Eastern Sydney Illawarra	8,512	3,225	5,287	2,974	2,469	15,338	2.8
Total South Eastern Sydney Illawarra	73,464†	31,274†	42,190†	32,012†	36,991†	234,228†	3.4†

All episodes			Acute episodes			
Total episodes	Planned	Unplanned / other	Same day	Overnight	Total acute bed days	Average length of stay (days)

Sydney South West							
Bankstown / Lidcombe Hospital	8,363	2,752	5,611	2,938	5,224	30,692	3.8
Campbelltown Hospital	7,646	1,961	5,685	1,879	5,759	30,205	4.0
Canterbury Hospital	4,221	1,142	3,079	1,099	2,993	12,446	3.0
Concord Hospital	11,950	7,741	4,209	6,841	4,863	47,431	4.1
Fairfield Hospital	4,443	1,197	3,246	1,098	3,203	14,111	3.3
Liverpool Hospital	21,697	11,089	10,608	12,563	8,823	62,769	2.9
Royal Prince Alfred Hospital	17,826	8,377	9,449	7,729	10,089	68,094	3.8
Other Sydney South West	5,578	1,657	3,921	1,503	2,986	14,416	3.2
Total Sydney South West	81,724	35,916	45,808	35,650	43,940	280,164	3.5

Sydney West							
Auburn Hospital	4,550	1,115	3,435	2,007	2,494	9,693	2.2
Blacktown Hospital	6,400	1,342	5,058	1,281	5,082	29,300	4.6
Mount Druitt Hospital	2,961	1,034	1,927	1,038	1,718	4,771	1.7
Nepean Hospital	13,417	4,424	8,993	4,964	8,270	44,168	3.3
Westmead Hospital (all units)	21,161	10,637	10,524	10,571	10,048	65,534	3.2
Other Sydney West	3,873	1,598	2,275	1,002	2,428	22,133	6.5
Total Sydney West	52,362	20,150	32,212	20,863	30,040	175,599	3.4

(†) Sydney Children's Hospital has been reassigned to the Sydney Children's Hospitals Network. Because of this, totals for South Eastern Sydney Illawarra AHS are not comparable to those in *Hospital Quarterly* reports previously published.
Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Chapter 2: Elective surgery

Planned or elective surgery is surgery a patient's doctor considers necessary but that can be delayed by at least 24 hours. In contrast, emergency surgery is advised within 24 hours.

Because elective operations and procedures need to be planned in advance, people requiring these procedures wait for care. During this period, people are typically said to be on a waiting list, although the booking system is more complex than a simple list.

People on the booking system should be admitted for surgery within the maximum time (in days) recommended by their surgeon. Their surgeon assigns patients to one of three urgency categories. These categories and the recommended waiting times are:

Category 1 Urgent	Admission within 30 days desirable for a condition that has the potential to deteriorate quickly and become an emergency
Category 2 Semi-urgent	Admission within 90 days desirable for a condition not likely to deteriorate quickly
Category 3 Non-urgent	Admission within 365 days acceptable for a condition unlikely to deteriorate quickly

NSW Health maintains a list of all patients referred for elective surgery in NSW, known as the Waiting List Collection On-line System (WLCOS). This system is used to manage the admissions information of all public and private patients referred for elective surgery in NSW public hospitals. The only private facility that contributes data to this report is Hawkesbury Private Hospital, which is contracted to supply surgery for public patients. All surgical data presented in this report is sourced from WLCOS.

Number of elective surgery procedures performed

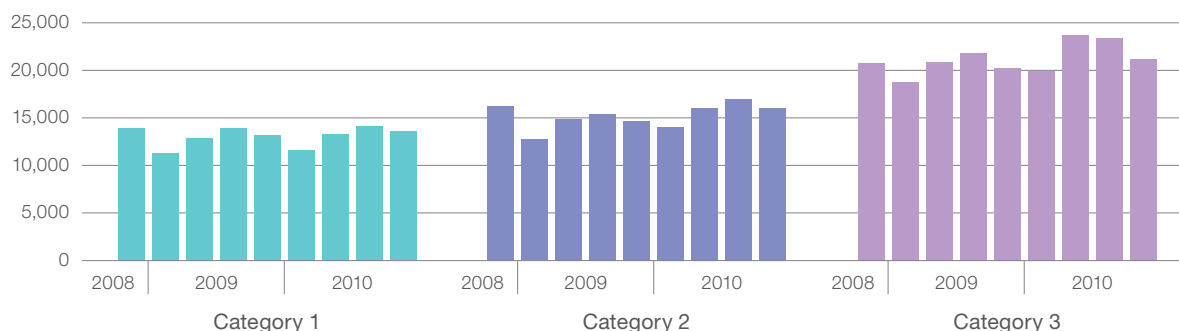
In October to December 2010, WLCOS recorded 50,717 surgical procedures completed in NSW, down 7% compared to the 54,580 conducted in the previous quarter ([Figure 3](#)):

- In October to December 2009, 48,136 procedures were performed indicating an increase of 5% in the past year
- In October to December 2008, 51,032 procedures were performed indicating a decrease of 1% in the past two years.

The number of surgical procedures has increased across all urgency categories since the same quarter in 2009 ([Figure 3](#)):

- There were 13,568 procedures completed for the urgent category (category 1), compared to 13,188 in 2009 (up 3%). Category 1 procedures made up 27% of all elective surgery in WLCOS
- In the semi-urgent category (category 2), there were 15,992 procedures completed, up from 14,669 in 2009 (up 9%). Category 2 procedures made up 32% of all elective surgery procedures in WLCOS
- There were 21,157 procedures completed for the non-urgent category (category 3), up from 20,277 in 2009 (up 4%). Category 3 procedures made up 42% of all elective surgery procedures in WLCOS.

Figure 3: Number of elective surgery procedures conducted, by urgency category, October 2008 to December 2010



	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sept 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010	Oct-Dec 2010
All categories	51,032	42,750	48,727	51,148	48,136	45,603	53,064	54,580	50,717
Category 1	13,966	11,300	12,914	13,918	13,188	11,621	13,276	14,122	13,568
Category 2	16,250	12,721	14,890	15,413	14,669	14,016	16,060	17,025	15,992
Category 3	20,816	18,729	20,923	21,817	20,277	19,966	23,728	23,433	21,157

Note: Numbers might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for October to December 2010 and July to September 2010 quarters on 18 January 2011. Data extracted for all previous quarters on 30 September 2010.

Hospital Quarterly reports on the activity and performance of hospitals that have provided elective surgery. Information about patients who are still on the waiting list is published by the NSW Department of Health and can be found at www.health.nsw.gov.au/reports/reports.asp

For NSW, the composition of urgency categories has changed over the past five years (Figure 4a). Looking at the number of operations completed in November of each year (the middle month of the quarter covered by this report):

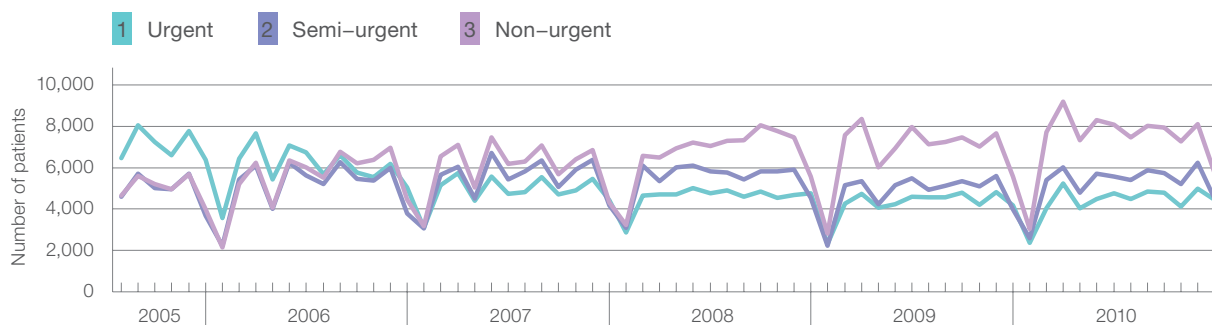
- The number of urgent (category 1) surgical procedures has decreased from 7,784 to 4,989 (down 36%) over five years
- The number of semi-urgent (category 2) surgical procedures is largely unchanged; there were 5,714 in November 2005 compared to 6,255 in November 2010

Each year, there is a strong seasonal effect on elective surgery activity in NSW (Figure 4a, Figure 4b). The number of completed elective surgery procedures falls sharply across all surgical categories in December and, to a greater extent, January.

- The number of non-urgent surgical procedures (category 3) has increased from 5,691 to 8,118 (up 43%) over five years.

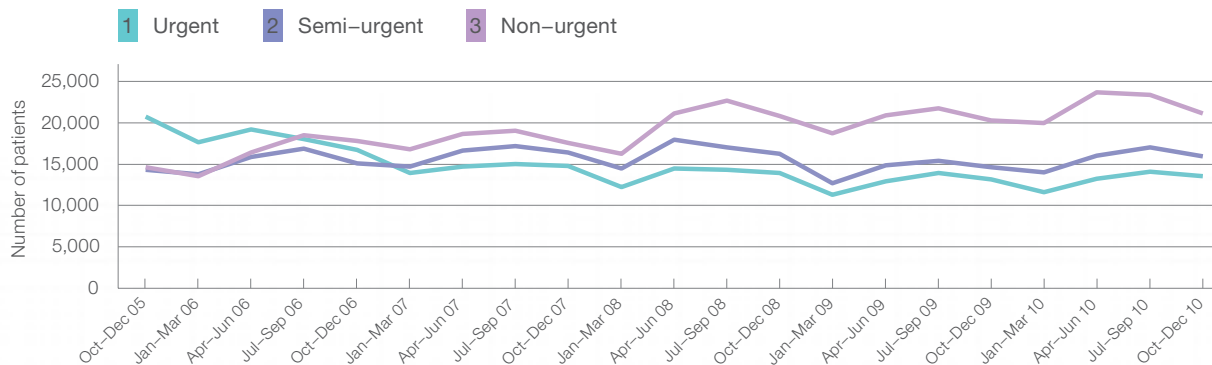
These changes have caused a shift in the composition of surgical procedures by urgency category and most of this shift occurred during 2008 and early 2009. Category 1 surgery numbers have decreased from making up 41% of all surgical procedures in November 2005 to 26% in November 2010. In the same period, category 3 surgery numbers have increased from 30% of all surgical procedures to 42%.

Figure 4a: Patients who received elective surgery, by urgency category, by month, July 2005 to December 2010



Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 January 2011.

Figure 4b: Patients who received elective surgery, by urgency category, by quarter, October 2005 to December 2010



Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 January 2011.

Table 2 summarises elective surgery activity for all public hospitals in NSW and Hawkesbury Private Hospital, which is contracted to supply surgery for public patients. Data is presented by area health service for all principal referral, paediatric specialist, ungrouped acute / tertiary

referral, major metropolitan, major non-metropolitan and district groups 1 and 2 hospitals. These hospitals account for 98% of all elective surgery recorded as complete in WLCOS. Surgery information from smaller hospitals is presented for each area health service under the 'other' category.

Table 2: NSW elective surgery activity, by hospital and area health service, October to December 2010

	Number of elective surgical procedures			
	All categories	Category 1	Category 2	Category 3
New South Wales	50,717	13,568	15,992	21,157
The Sydney Children's Hospitals Network (Randwick & Westmead)				
Sydney Children's Hospital	950	229	405	316
The Children's Hospital at Westmead	1,625	403	517	705
Total Sydney Children's Hospitals Network	2,575	632	922	1,021
Greater Southern				
Bateman's Bay District Hospital	180	*	*	154
Bega District Hospital	278	85	47	146
Cooma Health Service	61	*	*	35
Deniliquin Health Service	64	14	23	27
Goulburn Base Hospital	358	94	85	179
Griffith Base Hospital	258	64	69	125
Moruya District Hospital	138	50	42	46
Pambula District Hospital	18	10	*	*
Queanbeyan Health Service	164	17	99	48
Tumut Health Service	62	11	23	28
Wagga Wagga Base Hospital	993	234	343	416
Young Health Service	78	13	37	28
Other Greater Southern	104	29	48	27
Total Greater Southern*	2,756	621	816	1,259
Greater Western				
Bathurst Base Hospital	430	96	148	186
Broken Hill Base Hospital	312	75	112	125
Cowra District Hospital	115	28	43	44
Dubbo Base Hospital	777	132	220	425
Forbes District Hospital	120	*	*	80
Mudgee District Hospital	97	14	16	67
Orange Base Hospital	787	140	304	343
Parkes District Hospital	65	*	*	33
Other Greater Western	15	*	*	12
Total Greater Western*	2,718	485	843	1,315

Number of elective surgical procedures

	All categories	Category 1	Category 2	Category 3
Hunter New England				
Armidale and New England Hospital	273	44	128	101
Belmont Hospital	558	102	219	237
Calvary Mater Newcastle	312	180	78	54
Cessnock District Hospital	302	27	195	80
Gunnedah District Hospital	86	16	32	38
Inverell District Hospital	53	*	25	*
John Hunter Hospital	1,929	720	587	622
Kurri Kurri District Hospital	342	49	70	223
Maitland Hospital	580	152	205	223
Manning Base Hospital	617	123	127	367
Moree District Hospital	107	13	27	67
Muswellbrook District Hospital	138	*	116	*
Narrabri District Hospital	67	*	33	*
Singleton District Hospital	135	14	35	86
Tamworth Base Hospital	877	209	297	371
Other Hunter New England	171	21	67	83
Total Hunter New England*	6,547	1,670	2,241	2,552
North Coast				
Ballina District Hospital	150	31	86	33
Casino and District Memorial Hospital	236	32	76	128
Coffs Harbour Base Hospital	945	259	245	441
Grafton Base Hospital	379	111	130	138
Kempsey Hospital	301	20	27	254
Lismore Base Hospital	1,078	372	324	382
Macksville District Hospital	91	14	11	66
Macleay District Hospital	58	28	13	17
Murwillumbah District Hospital	516	65	120	331
Port Macquarie Base Hospital	738	240	246	252
The Tweed Hospital	793	247	217	329
Other North Coast	296	21	122	153
Total North Coast	5,581	1,440	1,617	2,524
Northern Sydney Central Coast				
Gosford Hospital	1,501	333	516	652
Hornsby and Ku-Ring-Gai Hospital	581	90	115	376
Manly District Hospital	298	102	118	78
Mona Vale and District Hospital	338	65	60	213
Royal North Shore Hospital	1,510	571	473	466
Ryde Hospital	348	39	159	150
Wyong Hospital	904	132	349	423
Total Northern Sydney Central Coast	5,480	1,332	1,790	2,358

Number of elective surgical procedures

	All categories	Category 1	Category 2	Category 3
South Eastern Sydney Illawarra†				
Bulli District Hospital	145	23	25	97
Milton and Ulladulla Hospital	20	*	*	*
Prince of Wales Hospital	1,251	361	547	343
Royal Hospital for Women	546	266	208	72
Shellharbour Hospital	720	69	166	485
Shoalhaven and District Memorial Hospital	695	142	160	393
St George Hospital	1,083	518	330	235
St Vincent's Hospital, Darlinghurst	918	402	205	311
Sutherland Hospital	702	197	235	270
Sydney / Sydney Eye Hospital	1,194	248	320	626
Wollongong Hospital**	1,191	388	311	492
Total South Eastern Sydney Illawarra*	8,465†	2,614†	2,507†	3,324†
Sydney South West				
Bankstown / Lidcombe Hospital	1,347	240	449	658
Bowral and District Hospital	295	48	77	170
Campbelltown Hospital	975	110	307	558
Canterbury Hospital	648	104	278	266
Concord Hospital	1,916	436	527	953
Fairfield Hospital	641	99	105	437
Liverpool Hospital	1,667	666	439	562
Royal Prince Alfred Hospital	2,862	1,235	946	681
RPAH Institute of Rheumatology & Orthopaedics	402	47	62	293
Total Sydney South West	10,753	2,985	3,190	4,578
Sydney West				
Auburn Hospital	661	152	244	265
Blacktown Hospital	755	175	276	304
Blue Mountains District Anzac Memorial Hospital	84	14	31	39
Hawkesbury Private Hospital - public contract services	244	56	85	103
Lithgow Health Service	161	18	48	95
Mount Druitt Hospital	490	68	176	246
Nepean Hospital	1,343	402	401	540
Westmead Hospital (all units)	1,888	818	627	443
Other Sydney West	216	*	*	133
Total Sydney West*	5,842	1,703	1,888	2,168

(*) Suppressed due to small numbers and to protect privacy. Suppressed data has been excluded from area health service totals.

(**) The number of elective surgery procedures completed at Wollongong Hospital is underestimated because some completed elective surgery procedures were not coded by the date of data extraction.

(†) Sydney Children's Hospital has been reassigned to the Sydney Children's Hospitals Network. Because of this, totals for South Eastern Sydney Illawarra AHS are not comparable to those in *Hospital Quarterly* reports previously published.

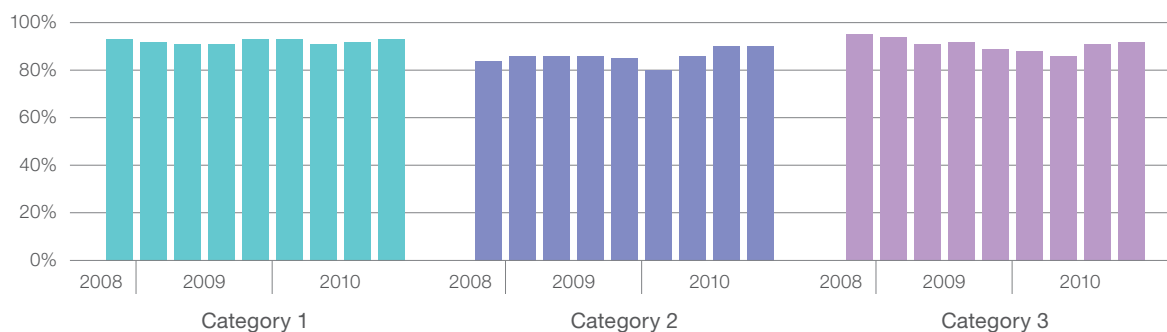
Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 January 2011.

Information about the number of surgery procedures performed and how this has changed over the past five years is provided for more than 80 NSW hospitals in *Performance profiles: elective surgery, October to December 2010*, at www.bhi.nsw.gov.au

Patients admitted on time for their elective surgery

In October to December 2010, 92% of patients in all urgency categories who were admitted to a public hospital and received elective surgery in NSW were admitted within the time frame recommended by their surgeon (Figure 5). This proportion is comparable to the preceding quarter (91%), has increased from the October to December 2009 quarter (89%) and is comparable to the October to December 2008 quarter (91%).

Figure 5: Percentage of elective surgery patients treated within recommended waiting time, by urgency category, October 2008 to December 2010



	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sept 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010	Oct-Dec 2010
All categories	91%	91%	90%	90%	89%	87%	87%	91%	92%
Category 1	93%	92%	91%	91%	93%	93%	91%	92%	93%
Category 2	84%	86%	86%	86%	85%	80%	86%	90%	90%
Category 3	95%	94%	91%	92%	89%	88%	86%	91%	92%

Note: Patients treated on time refers to the percentage of patients admitted for elective surgery in the time frame recommended by their surgeon.

Note: Percentages might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for October to December 2010 and July to September 2010 quarters on 18 January 2011. Data extracted for all previous quarters on 30 September 2010.

Wait times for elective surgery

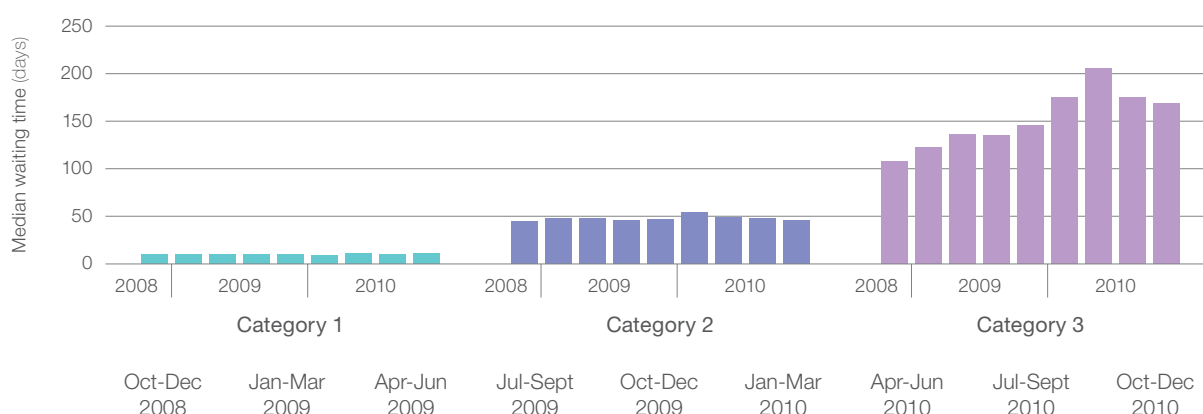
Urgent surgery

Patients from the highest priority category (category 1) were most likely to be admitted within the recommended time frame in the October to December 2010 quarter, with 93% admitted within 30 days (Figure 5). This percentage is similar to the preceding quarter (92%) and the same as the October to December quarters in 2009 and 2008 (each 93%). The median* waiting time for category 1 patients was 11 days (Figure 6). Again, this is similar to the preceding quarter and the October to December quarters in 2008 and 2009 (all 10 days).

Semi-urgent surgery

In October to December 2010, 90% of semi-urgent (category 2) patients were admitted within the recommended 90-day time frame (Figure 5). This percentage is the same as the preceding quarter (90%), is considerably higher than the October to December 2009 quarter (85%) and the October to December 2008 quarter (84%). The median waiting time of category 2 patients was 46 days (Figure 6), which is similar to the preceding quarter (48 days), the October to December 2009 quarter (47 days) and the October to December 2008 quarter (45 days).

Figure 6: NSW elective surgery median waiting time (days), by urgency category, October 2008 to December 2010



Category	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sept 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010	Oct-Dec 2010
Category 1	10	10	10	10	10	9	11	10	11
Category 2	45	48	48	46	47	54	49	48	46
Category 3	108	122	136	135	146	175	205	175	169

Note: Median waiting time is the number of days it took for half of the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took longer than the median to be admitted for surgery.

Note: Percentages might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for October to December 2010 and July to September 2010 quarters on 18 January 2011. Data extracted for all previous quarters on 30 September 2010.

* This is the number of days it took for half of the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took longer than the median to be admitted for surgery.

Non-urgent surgery

In October to December 2010, 92% of non-urgent (category 3) patients were admitted within the recommended 365-day time frame (Figure 5). This percentage is similar to the preceding quarter (91%), higher than the October to December 2009 quarter (89%), and lower than the October to December 2008 quarter (95%). The median waiting time of category 3 patients was 169 days (Figure 6), which is lower than the preceding quarter (175 days), but up from October to December 2009 (146 days) and the same quarter in 2008 (108 days).

Table 3 presents waiting time data for all public hospitals conducting elective surgery in NSW. The percentage of patients treated within the clinically recommended time frame and the median waiting time in days are presented by urgency category for all principal referral, paediatric specialist, ungrouped acute / tertiary referral, major metropolitan, major non-metropolitan and district groups 1 and 2 hospitals.

The information is shown for NSW as a whole and grouped by area health service. Surgery information from smaller hospitals is presented for each area health service under the 'other' category.

Table 3: NSW elective surgery performance, by hospital and area health service, October to December 2010

	Percentage of patients treated on time				Median waiting time (days)		
	All categories	Category 1	Category 2	Category 3	Category 1	Category 2	Category 3
New South Wales	92%	93%	90%	92%	11	46	169
The Sydney Children's Hospitals Network (Randwick & Westmead)							
Sydney Children's Hospital	96%	97%	96%	96%	10	17	97
The Children's Hospital at Westmead*	93%	99%	86%	94%	6	47	51
Total Sydney Children's Hospitals Network	94%	98%	91%	95%	7	33	67
Greater Southern							
Bateman's Bay District Hospital	98%	100%	89%	99%	20	57	326
Bega District Hospital	84%	84%	70%	88%	14	72	337
Cooma Health Service	98%	100%	95%	100%	3	40	221
Deniliquin Health Service	98%	93%	100%	100%	8	51	223
Goulburn Base Hospital	97%	97%	96%	98%	13	31	156
Griffith Base Hospital*	92%	91%	87%	96%	15	54	264
Moruya District Hospital	100%	100%	100%	100%	8	47	103
Pambula District Hospital	100%	100%	100%	100%	9	29	285
Queanbeyan Health Service	96%	88%	96%	100%	18	64	101
Tumut Health Service	90%	91%	83%	96%	13	63	49
Wagga Wagga Base Hospital	75%	85%	75%	69%	16	61	338
Young Health Service	88%	77%	86%	96%	21	80	48
Other Greater Southern	99%	97%	100%	100%	19	22	89
Total Greater Southern	87%	90%	85%	88%	14	56	301

Percentage of patients treated on time

Median waiting time (days)

All categories	Category 1	Category 2	Category 3	Category 1	Category 2	Category 3
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Greater Western							
Bathurst Base Hospital*	93%	95%	86%	98%	14	59	189
Broken Hill Base Hospital	96%	100%	90%	100%	15	63	215
Cowra District Hospital	99%	100%	98%	100%	6	57	122
Dubbo Base Hospital*	99%	100%	98%	98%	7	28	177
Forbes District Hospital	100%	100%	100%	100%	12	36	225
Mudgee District Hospital	93%	100%	94%	91%	10	36	307
Orange Base Hospital	89%	97%	87%	87%	7	61	346
Parkes District Hospital	98%	100%	96%	100%	13	21	17
Other Greater Western	93%	100%	50%	100%	3	95	205
Total Greater Western	95%	98%	91%	95%	9	52	231

Hunter New England							
Armidale and New England Hospital	92%	91%	99%	82%	17	55	234
Belmont Hospital	92%	91%	88%	97%	14	51	178
Calvary Mater Newcastle	83%	77%	87%	98%	14	43	148
Cessnock District Hospital	97%	81%	98%	99%	19	11	44
Gunnedah District Hospital	100%	100%	100%	100%	9	30	18
Inverell District Hospital	100%	100%	100%	100%	10	55	334
John Hunter Hospital	86%	89%	88%	82%	10	47	209
Kurri Kurri District Hospital	76%	80%	59%	81%	17	82	250
Maitland Hospital	90%	89%	93%	87%	13	43	229
Manning Base Hospital	89%	97%	91%	86%	20	53	267
Moree District Hospital	100%	100%	100%	100%	2	34	97
Muswellbrook District Hospital	99%	100%	99%	100%	3	14	76
Narrabri District Hospital	100%	100%	100%	100%	6	26	88
Singleton District Hospital	100%	100%	100%	100%	6	15	35
Tamworth Base Hospital	94%	92%	93%	96%	11	47	145
Other Hunter New England	100%	100%	100%	100%	11	28	145
Total Hunter New England	90%	89%	91%	89%	12	41	174

North Coast							
Ballina District Hospital	99%	97%	100%	100%	19	43	44
Casino and District Memorial Hospital	98%	91%	99%	100%	12	38	69
Coffs Harbour Base Hospital	76%	84%	68%	75%	15	81	350
Grafton Base Hospital	97%	97%	95%	99%	12	35	252
Kempsey Hospital	99%	100%	96%	99%	15	60	141
Lismore Base Hospital	93%	95%	92%	91%	13	50	246
Macksville District Hospital	91%	79%	73%	97%	24	55	268
Maclean District Hospital	100%	100%	100%	100%	14	25	43
Murwillumbah District Hospital	86%	80%	82%	89%	18	68	324

Percentage of patients treated on time

Median waiting time (days)

	All categories	Category 1	Category 2	Category 3	Category 1	Category 2	Category 3
Port Macquarie Base Hospital*	88%	88%	84%	92%	15	64	225
The Tweed Hospital*	89%	79%	87%	98%	18	51	137
Other North Coast	92%	81%	89%	97%	21	56	115
Total North Coast	89%	88%	86%	91%	15	58	240
Northern Sydney Central Coast							
Gosford Hospital*	94%	99%	94%	92%	15	57	283
Hornsby and Ku-Ring-Gai Hospital*	98%	96%	98%	98%	6	30	58
Manly District Hospital	99%	99%	99%	100%	7	33	59
Mona Vale and District Hospital*	99%	98%	98%	99%	6	18	28
Royal North Shore Hospital	96%	95%	94%	99%	6	44	117
Ryde Hospital	98%	100%	97%	98%	15	37	133
Wyong Hospital	96%	97%	94%	97%	14	39	228
Total Northern Sydney Central Coast	96%	97%	95%	96%	8	42	130
South Eastern Sydney Illawarra†							
Bulli District Hospital	100%	100%	100%	100%	12	45	207
Milton and Ulladulla Hospital	100%	100%	100%	100%	4	29	40
Prince of Wales Hospital	92%	95%	92%	90%	11	43	251
Royal Hospital for Women	99%	98%	100%	100%	7	32	72
Shellharbour Hospital	97%	77%	96%	100%	22	57	189
Shoalhaven and District Memorial Hospital	91%	90%	83%	94%	13	61	280
St George Hospital	90%	91%	90%	88%	11	52	184
St Vincent's Hospital, Darlinghurst*	93%	97%	91%	90%	6	38	106
Sutherland Hospital	83%	80%	86%	84%	19	61	290
Sydney / Sydney Eye Hospital	95%	99%	95%	94%	11	46	207
Wollongong Hospital**	88%	89%	81%	91%	10	66	48
Total South Eastern Sydney Illawarra	92%†	93%†	90%†	93%†	10†	49†	202†
Sydney South West							
Bankstown / Lidcombe Hospital*	89%	85%	82%	94%	17	63	149
Bowral and District Hospital	99%	100%	96%	100%	14	42	178
Campbelltown Hospital*	88%	81%	86%	91%	21	66	25
Canterbury Hospital	97%	98%	95%	98%	13	63	297
Concord Hospital*	97%	94%	97%	98%	11	46	81
Fairfield Hospital	97%	99%	99%	96%	11	43	270
Liverpool Hospital*	92%	93%	86%	96%	11	60	170
Royal Prince Alfred Hospital*	100%	99%	100%	100%	6	14	14
RPAH Institute of Rheumatology & Orthopaedics	100%	98%	98%	100%	6	23	39
Total Sydney South West	95%	95%	93%	97%	9	42	93

Percentage of patients treated on time

Median waiting time (days)

All categories	Category 1	Category 2	Category 3	Category 1	Category 2	Category 3
----------------	------------	------------	------------	------------	------------	------------

Sydney West							
Auburn Hospital	78%	93%	72%	75%	11	70	301
Blacktown Hospital	89%	93%	84%	90%	12	48	145
Blue Mountains District Anzac Memorial Hospital	96%	100%	90%	100%	13	29	98
Hawkesbury Private Hospital - public contract services	70%	88%	71%	61%	15	72	360
Lithgow Health Service*	94%	89%	98%	94%	18	53	282
Mount Druitt Hospital	84%	97%	85%	80%	10	51	266
Nepean Hospital	72%	90%	80%	53%	13	69	344
Westmead Hospital (all units)	94%	97%	94%	88%	12	35	95
Other Sydney West	99%	100%	100%	98%	18	31	184
Total Sydney West	85%	94%	85%	77%	12	48	225

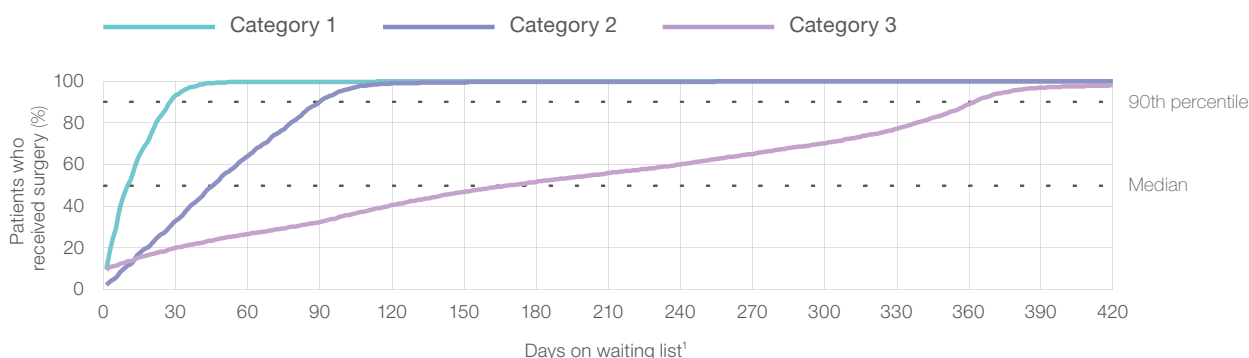
- (*) This hospital had more than 10% of category 3 patients admitted after waiting one day or less for their elective surgery. Caution is advised when considering this hospital's results (see page 20 for more information).
- (**) Caution is advised when considering this hospital's results because some completed elective surgery procedures were not coded by the date of data extraction.
- (†) Sydney Children's Hospital has been reassigned to the Sydney Children's Hospitals Network. Because of this, totals for South Eastern Sydney Illawarra AHS are not comparable to those in *Hospital Quarterly* reports previously published.
- Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 January 2011.

Information about the percentage of elective surgery procedures performed within clinically recommended time frames and how long patients waited for care is provided for more than 80 NSW hospitals in *Performance profiles: elective surgery, October to December 2010*, at www.bhi.nsw.gov.au

Cumulative waiting time

Greater detail on how long people who received surgery waited to be admitted from October to December 2010 is presented in **Figure 7**. This shows the cumulative percentage of patients who received elective surgery against the total number of days patients waited on the list for each urgency category. The graph's slope indicates the speed at which patients were admitted for care. A steep slope demonstrates a high percentage of patients from that category being admitted for their surgery over the time period shown. A flat slope demonstrates relatively fewer patients from a category receiving surgery over the period.

Figure 7: Cumulative percentage of patients who received elective surgery, by waiting time (days), October to December 2010



1. Excludes the total number of days the patient was coded as 'not ready for care'.

Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 January 2011.

At a state level:

- Urgent patients (category 1) are admitted at a high rate that is maintained before and after the 30-day benchmark passes
- Semi-urgent patients (category 2) are admitted at a fairly high rate until the target of admitting patients within 90 days is met, after which patients are admitted more slowly
- Non-urgent patients (category 3) have a slower rate of admission. Half the patients in this category have their surgery within 170 days, after which the speed of admission slowed until about 330 days. The speed increased again after 330 days.

Elective surgery activity and performance by hospital peer group

Elective surgery waiting times are affected by the number and urgency category of patients, and the type of surgery performed at each hospital.

In NSW, most elective surgery is conducted in principal referral (A1), major metropolitan (BM) and major non-metropolitan (BNM) hospital peer groups. Of the 95 hospitals listed on the WLCOS, the 35 hospitals from these three peer groups conduct 71% of all elective surgery recorded on WLCOS.

There are also many smaller hospitals that perform elective surgery although patients at these hospitals are typically less urgent than at larger hospitals.

In district group 2 (C2) hospitals, 53% of all elective surgery patients were coded as category 3 when they received their surgery, compared with 34% of patients at principal referral (A1) hospitals (Figure 8).

Waiting times of less than one day

All hospitals have some patients in each urgency category who were recorded as waiting one day or less to be admitted for surgery. The percentage of urgent (category 1), semi-urgent (category 2) and non-urgent (category 3) patients who waited one day or less are 10%, 2% and 9% respectively. In some hospitals, a substantial percentage of patients recorded as waiting one day or less were coded as 'not ready for care' for the entire period they were on the waiting list.

Patients can be appropriately coded as 'not ready for care' for either clinical reasons (patient unfit for surgery, staged operations, etc) or personal reasons (patient away on holiday, work commitment, etc). We found that these patients were most commonly waiting for gynaecological or urological (bladder and urinary tract) surgery, removal of pins or plates, or cataract removal. High numbers of these procedures were concentrated in a small number of hospitals.

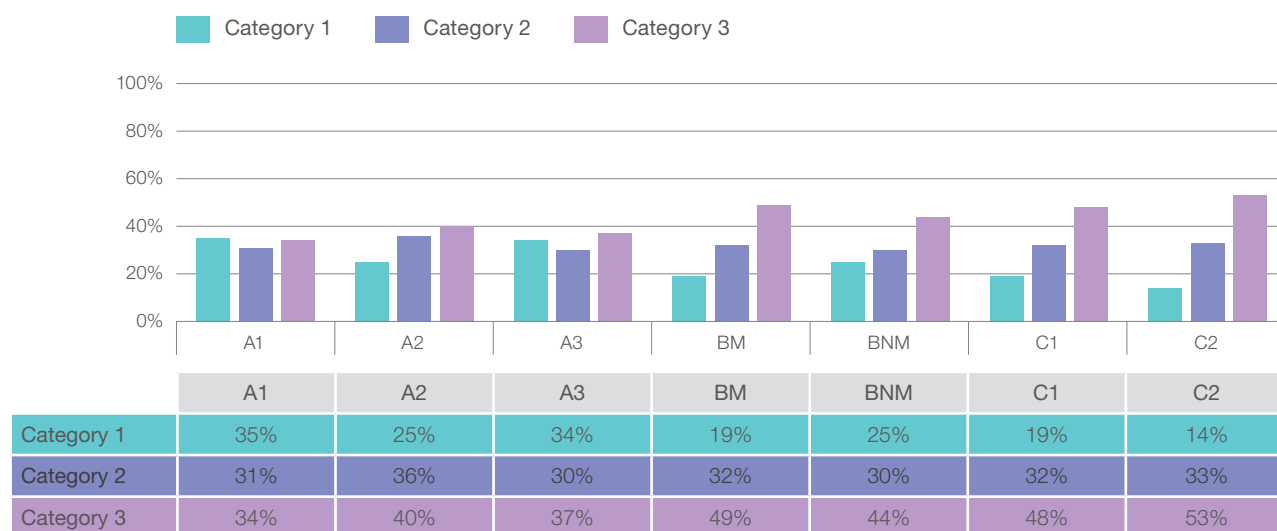
Listing a patient as 'not ready for care' for clinical reasons may be due to booking the patient for 'staged' surgery. A staged surgical procedure is when there is a clinically appropriate interval before the procedure can occur and, as the patient either cannot or should not undergo the procedure any sooner, they are not technically waiting for surgery. Examples of this include:

- Fractured bones sometimes require metal pins and / or plates to hold the bones in place while they heal. Until the bone is healed, the pins / plates are not removed and the patient is coded as 'not ready for care'
- In-vitro fertilisation (IVF) may require egg harvesting after a course of hormones. A woman would be listed as 'not ready for care' while she underwent the hormone therapy in preparation for the procedure.

Hospitals with specialties requiring staged surgery tend to have a higher percentage of patients with very short wait times. This has the effect of reducing median waiting time for patients undergoing elective surgery at these hospitals. Comparisons between these hospitals and hospitals that perform few staged procedures may result in unfair or inequitable comparisons.

Performance profiles for all hospital peer groups and by local health network are available on the Bureau's website at www.bhi.nsw.gov.au These profiles contain information for all individual hospitals within each peer group as well as an additional profile that sums all patients within that peer group.

Figure 8: Percentage of patients in each urgency category, by peer group, October to December 2010

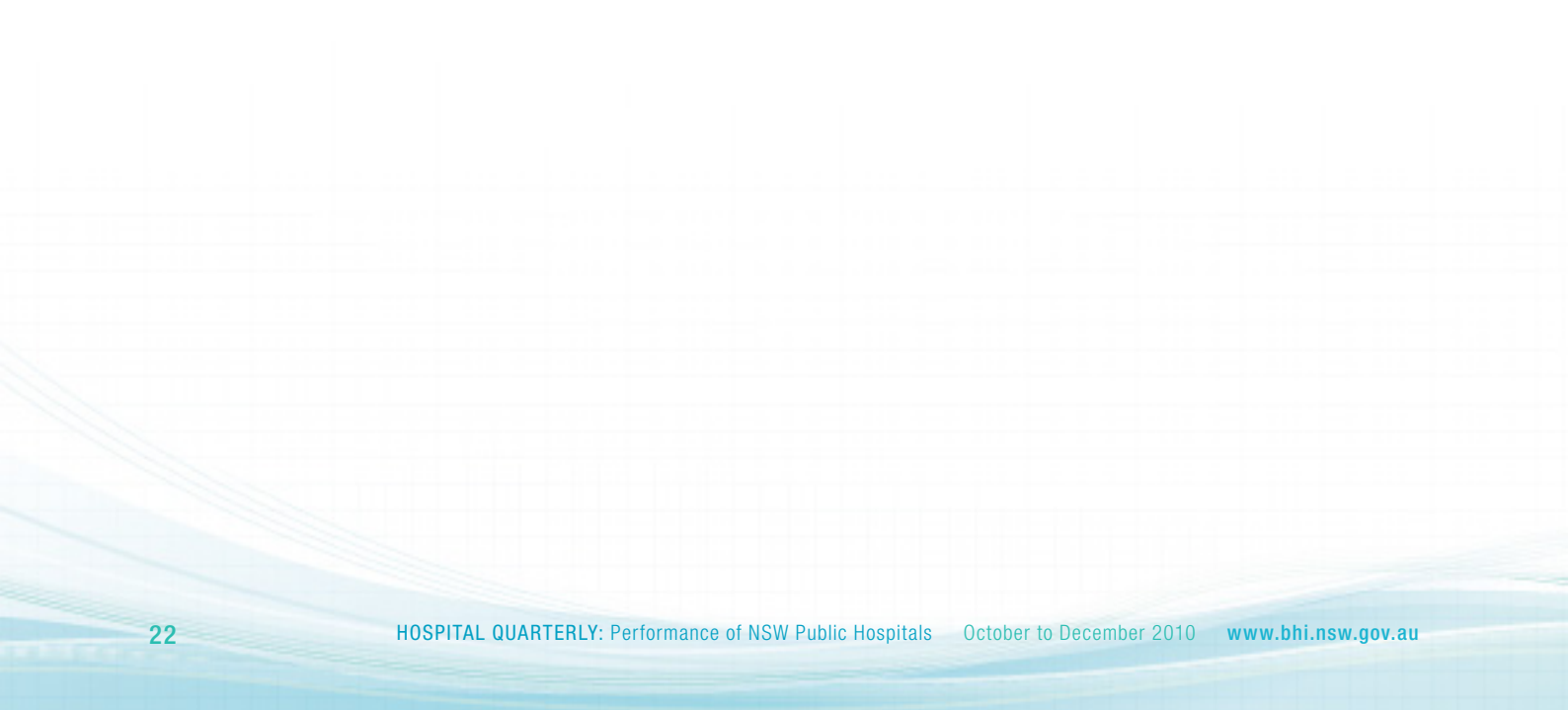


Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 January 2011.

What are hospital peer groups?

NSW hospitals vary in size and the services they provide. To make comparisons between hospitals, people find it useful to compare similar hospitals together. To do this, the Bureau used a NSW classification system called 'peer group'. The peer groups reported in the *Hospital Quarterly* are:

Group	Name	Description
A1	Principal referral	Very large hospitals providing a broad range of services, including specialised units at a state or national level.
A2	Paediatric specialist	Specialist hospitals for children and young people.
A3	Ungrouped acute - tertiary referral	These are major specialist hospitals that are not similar enough to any other peer group to be classified with them. Data for this group have been reported to ensure completeness but this group is not included in any comparison of performance in this report.
BM	Major metropolitan	Large metropolitan hospitals in the greater Sydney area.
BNM	Major non-metropolitan	Large hospitals in rural and smaller urban areas.
C1	District group 1	Medium sized, typically rural hospitals.
C2	District group 2	Small to moderate sized, typically rural hospitals.



Chapter 3: Care in emergency departments

A visit to the emergency department

When a person is hurt or feels unwell and decides they need medical care they begin what we refer to as a 'patient journey'. Depending on the needs of the patient, there are many different pathways they might follow to complete this journey.

A patient or someone helping them might call an ambulance to take them to an emergency department. On arrival, whether by ambulance or otherwise, most patient journeys will follow a similar pattern: triage;* a more detailed assessment; then treatment and leaving the emergency department for a hospital ward or elsewhere. Hospital staff record the times when

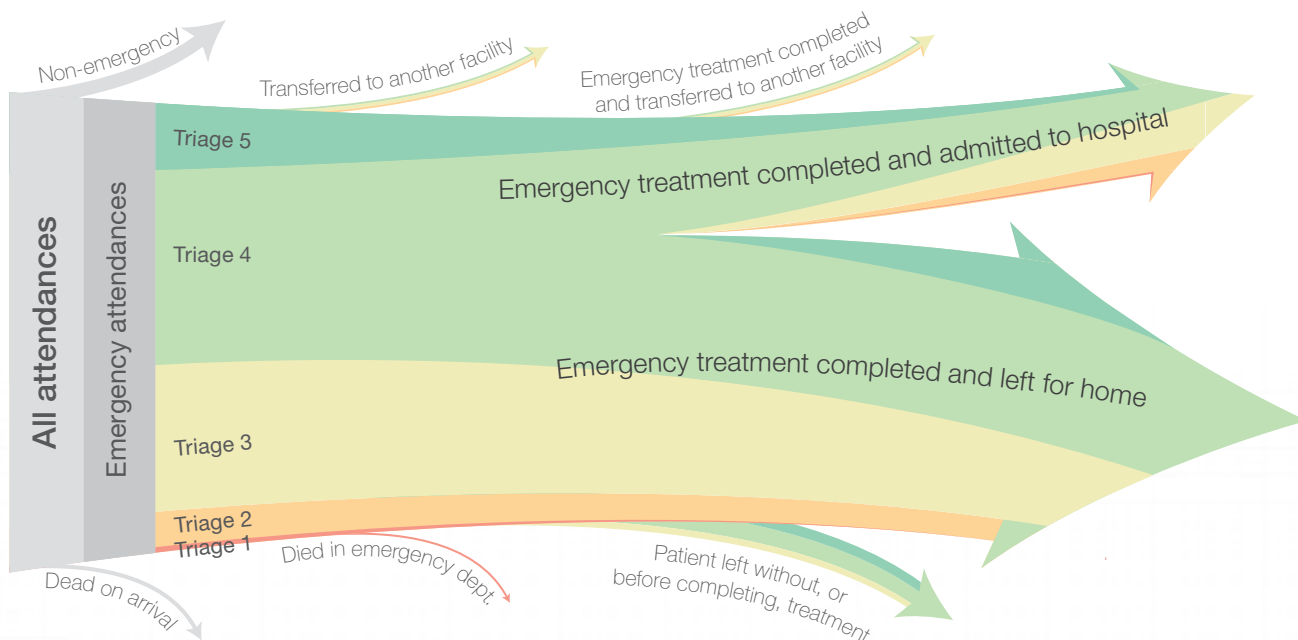
each of these events occur and these times are used to measure how long people take to complete their care. Some people finish their visit to the emergency department in other ways, such as leaving because the problem has resolved itself or through being transferred to another hospital.

The journeys of patients through NSW emergency departments during the October to December 2010 quarter are summarised in **Figure 9**. Two in every three patients (67% of the 523,627 emergency attendances) who were triaged in an emergency department in October, November or December 2010 received treatment there but were not admitted to hospital. About one in every four patients (23% of emergency attendances)

Figure 9: Summary of patient journeys through NSW emergency departments

The thickness of each arrow is approximately proportional to the number of NSW emergency department patients in each category. The arrows are coloured by triage level.

- Triage 1 Immediately life threatening
- Triage 2 Imminently life threatening
- Triage 3 Potentially life threatening
- Triage 4 Potentially serious
- Triage 5 Less urgent



* A registered nurse assigns people to a 'triage category' when they arrive in the emergency department depending on how urgently they require care. Triage is a five-point scale where category 1 is most urgent and category 5 is least urgent.

received treatment and were then admitted to the same hospital. People also left the emergency department without, or before completing, treatment (9% of emergency attendances). There are a number of reasons patients have for leaving before treatment has been completed, including being dissatisfied with the care they received or their reason for visiting resolved without treatment from staff. Those patients who were admitted were more likely to come from the most urgent triage groups (categories 1 to 3). Patients who left without completing treatment were most likely to come from the least urgent triage groups (categories 4 and 5).

Electronic records show that one in a thousand people were recorded as 'dead on arrival' when they reached the emergency department. A further one in every thousand patients died in the emergency department sometime after being triaged.

Triage categories and destination following treatment

In the October to December 2010 quarter, there were more than half a million attendances (535,790) at public hospital emergency departments in NSW and 523,627 of these were considered 'emergency attendances' (Figure 10). The remaining 12,163 patients were recorded as planned or pre-arranged visits, of which 1,770 were admitted to hospital through the emergency department.

Almost half of all emergency attendances (45%) were categorised as potentially serious (triage category 4), 30% were categorised as potentially life threatening (triage 3), 16% were less urgent (triage 5) and 8% were imminently life threatening (triage 2). Immediately life threatening (triage 1), the most urgent category, represents 1% of all people triaged in emergency departments (Figure 10).

Once a person has been triaged, there are three main patient journeys in an emergency department. In terms of patient journeys during October to December 2010:

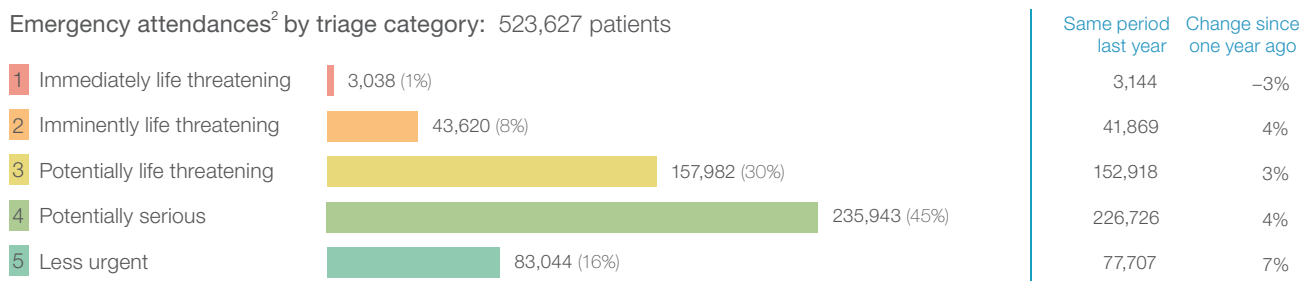
- 118,394 people (23% of emergency attendances) were admitted to a ward, operating theatre or critical care unit in the hospital they visited for emergency care. Among these patients, 47% were triage category 3, 29% were triage 4, 19% were triage 2, 3% were triage 5 and 2% were triage 1
- 350,782 people (67% of emergency attendances) received treatment and then left the emergency department. Among these patients, 49% were triage 4, 27% were triage 3, 18% were triage 5, 6% were triage 2 and less than 1% were triage 1
- 44,932 people (9% of emergency attendances) left without, or before completing, treatment. Among these patients, 54% were triage 4, 28% were triage 5, 16% were triage 3, 2% were triage 2 and less than 1% were triage 1 (Figure 10).

The number of attendances and waiting times, as well as one-year comparisons, in more than 60 emergency departments in NSW are provided in the *Performance profiles: emergency department care, October to December 2010*, available at www.bhi.nsw.gov.au

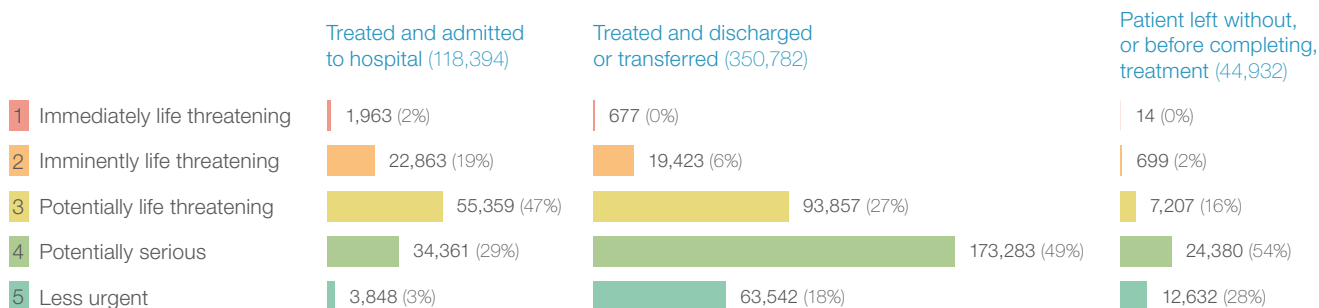
Figure 10: Attendances at NSW emergency departments, October to December 2010

All attendances:¹ 535,790 patients

Emergency attendances² by triage category: 523,627 patients



Emergency attendances by triage category and mode of separation:³ 514,108 patients



1. All attendances at the emergency department including emergency and non-emergency.
2. All emergency attendances with a recorded triage category.
3. All emergency attendances with a recorded triage category, excluding attendances with a mode of separation of 'transferred prior to treatment' or 'died in ED'.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Note: Emergency department activity includes 87 facilities for which electronic data is reported. This covers approximately 85% of NSW emergency department activity.

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Change to triage performance measurement

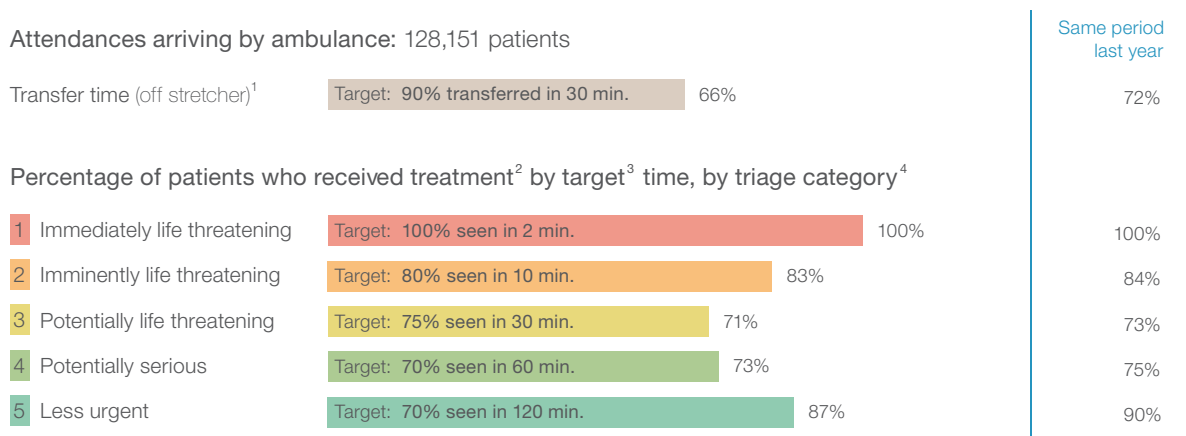
At the start of the 2010-11 financial year, NSW modified the definition of triage performance bringing it more in line with the Commonwealth definition. Patients who did not wait for care are excluded from this measure and arrival time is used if triage time is missing. The Bureau first used this new definition in *Hospital Quarterly, July to September 2010* and all historical data is presented in this report uses this new method. Additional detail on the effect of this can be found in the Bureau's *Technical supplement: measures of emergency department patient activity and performance, July to September 2010*, available at www.bhi.nsw.gov.au

Arrivals by ambulance

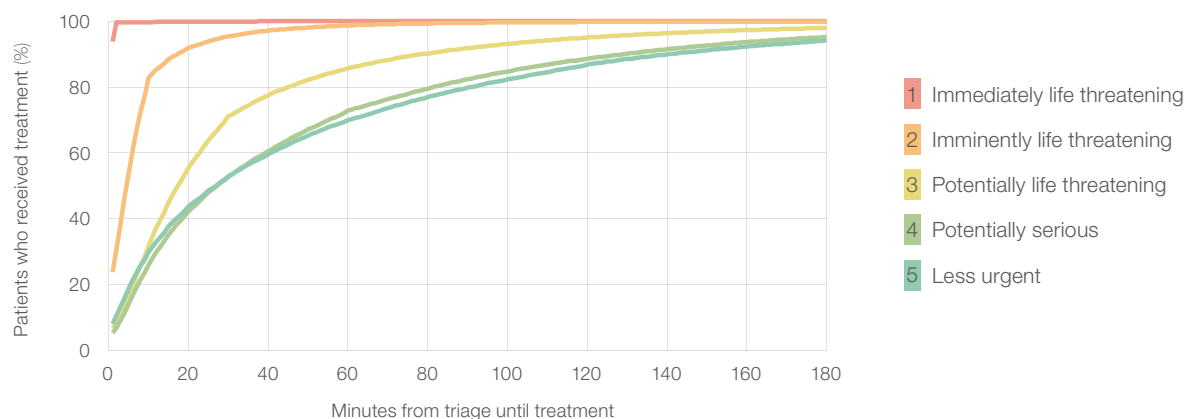
In the October to December 2010 quarter, 128,151 patients (24% of all attendances) arrived at hospital by ambulance (Figure 11).

An ambulance crew waits with a patient until emergency department staff can accept that patient into their care; this is called the transfer time. In October to December 2010, 66% of patients arriving by ambulance were

Figure 11: Waiting times in NSW emergency departments, October to December 2010



Percentage of patients who received treatment² by time and triage category⁴



1. Transfer time refers to the time between arrival and transfer to the care of the emergency department.
2. All unplanned and prearranged medical attendances excluding those without a recorded triage category, triage time, or treatment time.
3. Targets for triage levels are recommended by the Australasian College for Emergency Medicine.
4. At the start of the 2010-11 financial year, NSW modified the definition of triage performance. Patients who did not wait for care are excluded from this measure and arrival time is used if triage time is missing. Additional detail on the effect of this can be found in the Bureau's *Technical supplement: measures of emergency department patient activity and performance, July to September 2010*.

Note: Numbers and percentages differ slightly from those previously reported by the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted from the emergency department information system. The Bureau also used a different approach to calculating performance information from hospitals transitioning to the new emergency department information system (see page 38 for more information).

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011. Ambulance patient numbers and off-stretcher time data provided by the NSW Ambulance Service on 24 January 2011.

accepted into the care of the emergency department within 30 minutes of arriving (Figure 11), compared with 64% in the last quarter. The target for this transfer, known as the off-stretcher time in NSW, is for 90% of patients arriving by ambulance to be accepted by the emergency department within 30 minutes of arrival.

Triage to treatment

In 1993, the Australasian College for Emergency Medicine recommended how long a patient should wait from the time they were triaged until the commencement of treatment in the emergency department, based on a patient's triage level. These waiting times were endorsed for public hospitals nationally in 1999. Each triage category has a maximum recommended time in which the patient should wait to be seen by a healthcare professional and any required treatment should begin (see the online glossary for descriptions of triage categories and triage targets at www.bhi.nsw.gov.au).

In the October to December 2010 quarter, electronic patient records showed almost all patients across NSW in triage 1 (rounding to 100%) were seen within the recommended two minutes. When data were extracted on 18 January 2011, electronic patient records showed there were six hospitals that did not achieve the 100% target for triage 1 patients to start treatment within two minutes of being triaged: Bathurst Base Hospital, Bowral and District Hospital, Campbelltown Hospital, Fairfield Hospital, Nepean Hospital and Orange Base Hospital. Across these hospitals, 11 triage 1 patients were recorded as waiting longer than the two-minute target.

On 19 January 2011, the Bureau contacted the NSW Department of Health regarding triage 1 performance at these hospitals. On 8 February 2011, the NSW Department of Health* notified the Bureau that its investigation concluded these electronic patient records contained data entry errors and all patients received treatment within two minutes of being triaged.

In the October to December 2010 quarter, the percentage of patients seen within the recommended time for triage 2, 4 and 5 exceeded targets. Specifically, 83% of patients in triage 2, 73% of patients in triage 4 and 87% of patients in triage 5 were seen within the clinically recommended time.

In the October to December 2010 quarter, 71% of patients in triage 3 were seen in the recommended time, which is below the target of 75%. The percentage of patients in each triage category seen in different time intervals is summarised in Figure 11.

In October to December 2009, 100% of patients in triage 1, 84% of patients in triage 2, 73% of patients in triage 3, 75% of patients in triage 4 and 90% of patients in triage 5 were seen within the maximum recommended time. This represents a decline in performance of 1-3% in each category for triage categories 2, 3, 4 and 5 since one year ago (Figure 11).

Information about the wait time for patients who arrive by ambulance, as well as wait time by triage category, for patients in more than 60 emergency departments in NSW is provided on pages 31 to 33.

(*) On any occasions where triage 1 performance is less than 100%, the NSW Department of Health initiates an investigation.

From treatment until leaving the emergency department

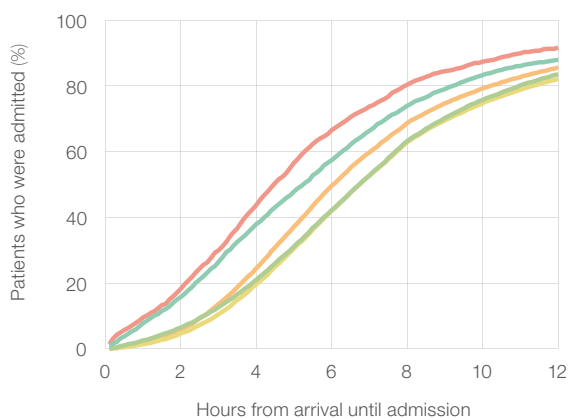
When doctors decide that an emergency patient needs to be admitted to hospital, the target is for 80% of patients to be admitted within eight hours from the time the hospital recorded the patient being triaged or, if this data is missing for a patient, their recorded time of arrival in the emergency department. The percentage of patients who arrive on the ward within this time is called the Emergency Admission Performance (EAP).

In the October to December 2010 quarter, 65% of patients were treated in an emergency department and admitted to a public hospital within eight hours of being triaged (Figure 12, Table 4). This level of performance is up from the last quarter (61%) and down from the same quarter in 2009 (70%).

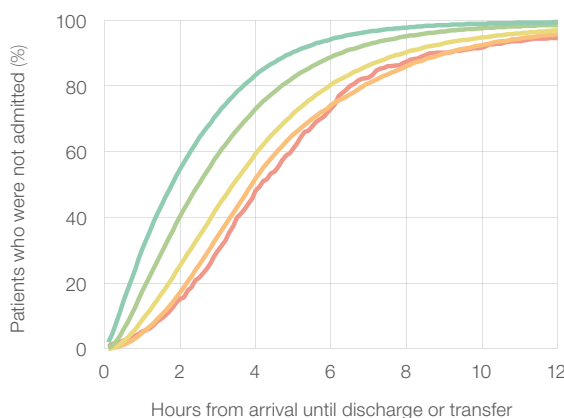
Across NSW, 80% of triage 1 patients and 74% of triage 5 patients were admitted within the eight-hour target. The proportion that achieved the target for triage 2 patients was 69%, 63% for triage 3 and 63% for triage 4 (Figure 12, Table 4).

Figure 12: Waiting times from treatment to admission and treatment to discharge or transfer by triage, October to December 2010

Percentage of patients who were treated and admitted by time and triage category¹



Percentage of patients who were treated and discharged or transferred by time and triage category¹



1 Immediately life threatening 2 Imminently life threatening 3 Potentially life threatening 4 Potentially serious 5 Less urgent

Emergency admission performance (EAP):² Percentage of patients who were treated and admitted

Arrival to admission

Target: 80% admitted in 8 hours 65%

Same period last year

70%

Start of treatment to admission

Target: 80% admitted in 8 hours 71%

76%

- All unplanned attendances, excluding those without a recorded triage category, treatment time, or departure time.
- At the start of the 2010-11 financial year, NSW modified the definition of EAP. Patients who died in the emergency department or were admitted and discharged from the emergency department are now included in this measure. In addition, the period now begins from the time of triage (or arrival time, if triage time missing) rather than the start of treatment. Pre-arranged admissions have also been excluded. Additional detail on the effect of this can be found in the Bureau's *Technical supplement: measures of emergency department patient activity and performance, July to September 2010*.

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Table 4 presents wait time information on how long it took for NSW patients from each triage group to be admitted in two-hour intervals from the time they were triaged.

Table 5 presents the time taken to leave the emergency department (starting from when they were triaged) for those emergency patients who completed treatment but who were not admitted.

Two-thirds of patients (67% of emergency attendances who were triaged) received treatment but were not admitted to hospital. In October to December 2010, more than one-third of these patients (38%) left hospital within two hours of being triaged, the same percentage as the last quarter. Patients with less urgent triage status tended to leave the emergency

department soonest. By eight hours, 94% of all patients who were not admitted had left the emergency department (Table 5).

Information on the percentage of patients treated in an emergency department and admitted to a public hospital within eight hours, as well as the percentage of patients admitted, discharged or transferred in different time intervals is provided for more than 60 emergency departments in the *Performance profiles: emergency department care, October to December 2010*, available at www.bhi.nsw.gov.au

Table 4: Percentage of patients admitted to the ward from the emergency department, by triage level and time interval,¹ October to December 2010

	2 hours	4 hours	6 hours	8 hours (EAP)	10 hours	12 hours	14 hours
Triage 1: Immediately life threatening	18%	44%	67%	80%	87%	92%	94%
Triage 2: Imminently life threatening	6%	25%	50%	69%	79%	86%	90%
Triage 3: Potentially life threatening	5%	20%	42%	63%	75%	82%	87%
Triage 4: Potentially serious	7%	21%	42%	63%	76%	84%	89%
Triage 5: Less urgent	16%	38%	58%	74%	83%	88%	92%
All triage categories	6%	22%	45%	65%	77%	84%	88%

1. Time from triage (or arrival in the emergency department if triage time missing) until arrival on the ward for those admitted from the emergency department.

Note: At the start of the 2010-11 financial year, NSW modified the definition of EAP. Patients who died in the emergency department or were admitted and discharged from the emergency department are now included in this measure. In addition, the period now begins from the time of triage (or arrival time, if triage time missing) rather than the start of treatment. Pre-arranged admissions have also been excluded. Additional detail on the effect of this can be found in the Bureau's *Technical supplement: measures of emergency department patient activity and performance, July to September 2010*.

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Table 5: Percentage of patients discharged or transferred from the emergency department, by triage level and time interval,¹ October to December 2010

	2 hours	4 hours	6 hours	8 hours	10 hours	12 hours	14 hours
Triage 1: Immediately life threatening	15%	48%	73%	87%	92%	95%	96%
Triage 2: Imminently life threatening	17%	52%	74%	86%	93%	96%	97%
Triage 3: Potentially life threatening	25%	59%	80%	90%	95%	97%	98%
Triage 4: Potentially serious	40%	73%	89%	95%	98%	99%	99%
Triage 5: Less urgent	55%	83%	94%	98%	99%	99%	100%
All triage categories	38%	71%	87%	94%	97%	98%	99%

1. Time from triage (or arrival in the emergency department if triage time missing) until discharge or transfer from the emergency department.

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Changes to emergency admission measurement

Historically, emergency admission performance (EAP) has been measured from the time patients commenced treatment until the time they were admitted to hospital.

As part of the national health reform process being driven by the Council of Australian Governments (COAG), governments have agreed to a more uniform approach to measuring EAP. Since 1 July 2010, the NSW Department of Health has used this new definition, which measures EAP from the time of triage (or if missing, arrival time) to admission. The new definition now includes two other groups of admitted patients and excludes patients who had a pre-arranged admission through the emergency department. The net result is an increase in the time period measured by EAP and an increase in the number of admitted patients.

The Bureau first used this new definition in *Hospital Quarterly, July to September 2010* and all historical data is presented in this report uses this new method (Figure 12, Table 8). A comparison of EAP calculated using the new approach (time from arrival to admission) and the historic NSW approach (time from treatment to admission) can be found in the Bureau's *Technical supplement: measures of emergency department activity and performance, July to September 2010* available on the Bureau's website at www.bhi.nsw.gov.au

Specific emergency department data is provided for all area health services and principal referral, paediatric specialist, ungrouped acute / tertiary referral, major metropolitan, major non-metropolitan and district groups 1 and 2 hospitals in [Table 6](#). This information includes

the number of attendances, the number of admissions, the percentage of emergency attendances that are triaged within the benchmark set by the Australasian College for Emergency Medicine, the off-stretcher time and the emergency admission performance (EAP).

Table 6: Activity and select performance measures for 87 emergency departments in NSW, October to December 2010

	Activity		Performance						
	Attendances	Admissions	Triage performance					Off stretcher 90% in 30 min.	EAP 80% in 8 hours
			Triage 1 100% in 2 min.	Triage 2 80% in 10 min.	Triage 3 75% in 30 min.	Triage 4 70% in 60 min.	Triage 5 70% in 120 min.		
New South Wales	535,790	120,164	100%	83%	71%	73%	87%	66%	65%
The Sydney Children's Hospitals Network (Randwick & Westmead)									
Sydney Children's Hospital	9,259	1,385	100%	78%	70%	62%	90%	94%	74%
The Children's Hospital at Westmead	12,252	2,828	100%	100%	71%	70%	76%	90%	67%
Total Sydney Children's Hospitals Network	21,511	4,213	100%	90%	70%	64%	77%	91%	70%
Greater Southern									
Goulburn Base Hospital**	4,759	869	100%	58%	60%	71%	90%	81%	88%
Griffith Base Hospital*	5,465	790	*	*	*	*	*	89%	*
Wagga Wagga Base Hospital*	8,889	2,060	*	*	*	*	*	67%	*
Total Greater Southern	19,113	3,719	100%	58%	60%	71%	90%	74%	88%
Greater Western									
Bathurst Base Hospital**	6,264	953	80%†	57%	70%	73%	92%	76%	70%
Broken Hill Base Hospital	6,148	485	100%	86%	74%	79%	94%	93%	78%
Dubbo Base Hospital*	7,215	1,673	*	*	*	*	*	86%	*
Orange Base Hospital**	7,117	1,499	91%†	78%	72%	69%	83%	81%	67%
Total Greater Western	26,744	4,610	89%	73%	72%	73%	88%	83%	69%
Hunter New England									
Armidale and New England Hospital	3,556	684	100%	92%	79%	87%	96%	92%	95%
Belmont Hospital	6,395	898	100%	90%	81%	78%	88%	73%	76%
Calvary Mater Newcastle	7,882	2,200	100%	78%	68%	70%	84%	55%	64%
Cessnock District Hospital	4,651	427	100%	84%	78%	84%	94%	91%	89%
Gunnedah District Hospital	2,707	212	100%	87%	87%	81%	95%	99%	100%
Inverell District Hospital	2,564	355	100%	63%	57%	71%	95%	89%	98%
John Hunter Hospital	16,925	5,265	100%	87%	78%	74%	85%	57%	68%
Kurri Kurri District Hospital	2,236	93	n/a†	92%	87%	85%	98%	90%	95%
Maitland Hospital	10,934	1,828	100%	73%	67%	68%	90%	59%	84%
Manning Base Hospital	6,428	1,482	100%	82%	54%	52%	79%	66%	68%

	Activity		Performance							
	Attendances	Admissions	Triage performance					Off stretcher	EAP	
			Triage 1	Triage 2	Triage 3	Triage 4	Triage 5			
			100% in 2 min.	80% in 10 min.	75% in 30 min.	70% in 60 min.	70% in 120 min.	90% in 30 min.	80% in 8 hours	
			Meeting target	Meeting target	Meeting target	Meeting target	Meeting target	Meeting target	Meeting target	
			Not meeting target	Not meeting target	Not meeting target	Not meeting target	Not meeting target	Not meeting target	Not meeting target	
Moree District Hospital	2,653	310	100%	94%	94%	94%	98%	96%	99%	
Muswellbrook District Hospital	2,270	215	100%	81%	75%	79%	96%	91%	95%	
Narrabri District Hospital	1,270	200	100%	100%	90%	96%	98%	95%	98%	
Singleton District Hospital	3,427	333	100%	82%	79%	79%	98%	97%	100%	
Tamworth Base Hospital	11,396	1,934	100%	79%	64%	48%	72%	77%	70%	
Other Hunter New England	13,900	1,298	100%	76%	85%	91%	98%	93%	95%	
Total Hunter New England	99,194	17,734	100%	82%	74%	75%	89%	69%	76%	
North Coast										
Coffs Harbour Base Hospital	8,638	1,829	100%	71%	53%	58%	78%	66%	42%	
Grafton Base Hospital	5,958	958	100%	71%	54%	55%	79%	83%	74%	
Kempsey Hospital	5,485	559	100%	62%	68%	79%	95%	86%	83%	
Lismore Base Hospital	7,522	2,215	100%	79%	62%	64%	84%	69%	49%	
Murwillumbah District Hospital	3,773	499	100%	95%	81%	83%	95%	93%	92%	
Port Macquarie Base Hospital	8,070	1,918	100%	73%	60%	69%	94%	59%	58%	
The Tweed Hospital	10,730	3,455	100%	76%	69%	72%	89%	69%	62%	
Total North Coast	50,176	11,433	100%	74%	62%	69%	87%	70%	59%	
Northern Sydney Central Coast										
Gosford Hospital	14,359	4,016	100%	68%	64%	58%	76%	62%	61%	
Hornsby and Ku-Ring-Gai Hospital	7,921	1,847	100%	94%	84%	82%	87%	77%	75%	
Manly District Hospital	5,861	1,601	100%	96%	92%	84%	94%	92%	77%	
Mona Vale and District Hospital	6,971	1,595	100%	98%	86%	83%	92%	94%	72%	
Royal North Shore Hospital	14,893	5,391	100%	91%	80%	84%	96%	71%	72%	
Ryde Hospital	6,340	1,531	100%	96%	86%	81%	90%	93%	80%	
Wyong Hospital	14,002	2,341	100%	74%	69%	68%	81%	70%	56%	
Total Northern Sydney Central Coast	70,347	18,322	100%	86%	78%	75%	85%	75%	69%	
South Eastern Sydney Illawarra†										
Bulli District Hospital	2,080	0	n/a ^s	100%	100%	98%	99%	n/a ^o	n/a ^o	
Milton and Ulladulla Hospital	3,961	301	100%	98%	94%	89%	94%	82%	91%	
Prince of Wales Hospital	11,345	3,369	100%	72%	51%	64%	77%	55%	66%	
Shellharbour Hospital	7,099	754	100%	89%	76%	73%	93%	64%	54%	
Shoalhaven and District Memorial Hospital	8,817	1,320	100%	89%	73%	67%	86%	74%	63%	
St George Hospital	15,505	5,208	100%	84%	68%	74%	85%	64%	63%	
St Vincent's Hospital, Darlinghurst	10,776	2,959	100%	100%	70%	75%	93%	56%	59%	
Sutherland Hospital	11,331	2,633	100%	88%	80%	85%	95%	66%	68%	
Sydney Eye Hospital	4,881	172	n/a ^s	100%	98%	98%	100%	67%	100%	
Sydney Hospital	4,916	393	100%	94%	87%	86%	96%	89%	95%	
Wollongong Hospital	13,750	4,716	100%	92%	73%	68%	83%	57%	61%	
Total South Eastern Sydney Illawarra	94,461†	21,825†	100%†	89%†	70%†	75%†	92%†	63%†	64%†	

		Activity		Performance						
		Attendances	Admissions	Triage performance					Off stretcher	EAP
				Triage 1	Triage 2	Triage 3	Triage 4	Triage 5		
				100% in 2 min.	80% in 10 min.	75% in 30 min.	70% in 60 min.	70% in 120 min.	90% in 30 min.	80% in 8 hours

	Meeting target
	Not meeting target

Sydney South West										
Bankstown / Lidcombe Hospital	11,391	3,204	100%	97%	80%	89%	97%	76%	69%	
Bowral and District Hospital	4,768	743	93% [†]	69%	67%	68%	90%	83%	81%	
Camden Hospital	3,112	0	100%	93%	89%	87%	96%	83%	n/a [Ⓐ]	
Campbelltown Hospital	13,651	3,576	98% [†]	89%	79%	69%	90%	67%	69%	
Canterbury Hospital	8,611	1,559	100%	91%	75%	76%	94%	67%	65%	
Concord Hospital	8,711	2,387	100%	97%	78%	73%	91%	68%	68%	
Fairfield Hospital	8,302	1,514	98% [†]	72%	76%	75%	92%	75%	66%	
Liverpool Hospital	15,652	5,623	100%	85%	81%	76%	88%	50%	49%	
Royal Prince Alfred Hospital	16,152	4,684	100%	76%	60%	67%	86%	55%	62%	
Total Sydney South West	90,350	23,290	99%[†]	86%	75%	75%	90%	64%	63%	

Sydney West										
Auburn Hospital	6,088	909	100%	78%	66%	60%	83%	57%	74%	
Blacktown Hospital	8,799	2,184	100%	81%	64%	68%	82%	45%	38%	
Blue Mountains District Anzac Memorial Hospital	4,672	527	100%	74%	70%	72%	90%	92%	93%	
Hawkesbury District Health Service	5,306	1,235	100%	87%	92%	93%	96%	53%	86%	
Lithgow Health Service	3,521	345	100%	83%	74%	82%	95%	94%	89%	
Mount Druitt Hospital	8,098	710	100%	82%	73%	70%	83%	61%	70%	
Nepean Hospital	13,240	4,436	98% [†]	81%	51%	63%	78%	54%	49%	
Westmead Hospital (all units)	14,170	4,672	100%	79%	44%	47%	64%	43%	48%	
Total Sydney West	63,894	15,018	100%	80%	64%	66%	80%	53%	56%	

Note: Emergency department activity includes 87 facilities for which electronic data is reported. These facilities account for approximately 85% of NSW emergency department activity.

Note: The approach used to measure triage performance and EAP changed in the July to September 2010 period. Detail on the effect of this can be found in the Bureau's *Technical supplement: measures of emergency department activity and performance, July to September 2010*.

Note: Admissions refers to all admissions through the emergency department, not just emergency patient admissions.

(*) Due to the implementation of a new electronic information system in this emergency department during the October to December 2010 quarter, the data for this hospital is not considered reliable enough to display (see page 38 for more information).

(**) Due to the implementation of a new electronic information system in this emergency department in the previous quarter (July to September 2010), caution is advised when considering this hospital's results (see page 38 for more information).

(†) Sydney Children's Hospital has been reassigned to the Sydney Children's Hospitals Network. Because of this, totals for South Eastern Sydney Illawarra AHS are not comparable to those in *Hospital Quarterly* reports previously published.

(§) This hospital had no patients classified as triage 1 during October to December 2010.

(‡) Data in the HIE at the time of extraction for this report, and therefore reported here, recorded that this hospital had below 100% triage 1 performance. The NSW Department of Health has advised that these records contained data entry errors and all patients received treatment within two minutes of being triaged.

(Ⓚ) This hospital had no patients admitted to hospital from the emergency department during October to December 2010 and therefore there is no EAP value.

(Ⓛ) No patients arrived at Bulli District Hospital by ambulance and therefore there is no off-stretcher time.

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011. Ambulance off-stretcher time data provided by the NSW Ambulance Service on 24 January 2011.

Emergency attendances over time

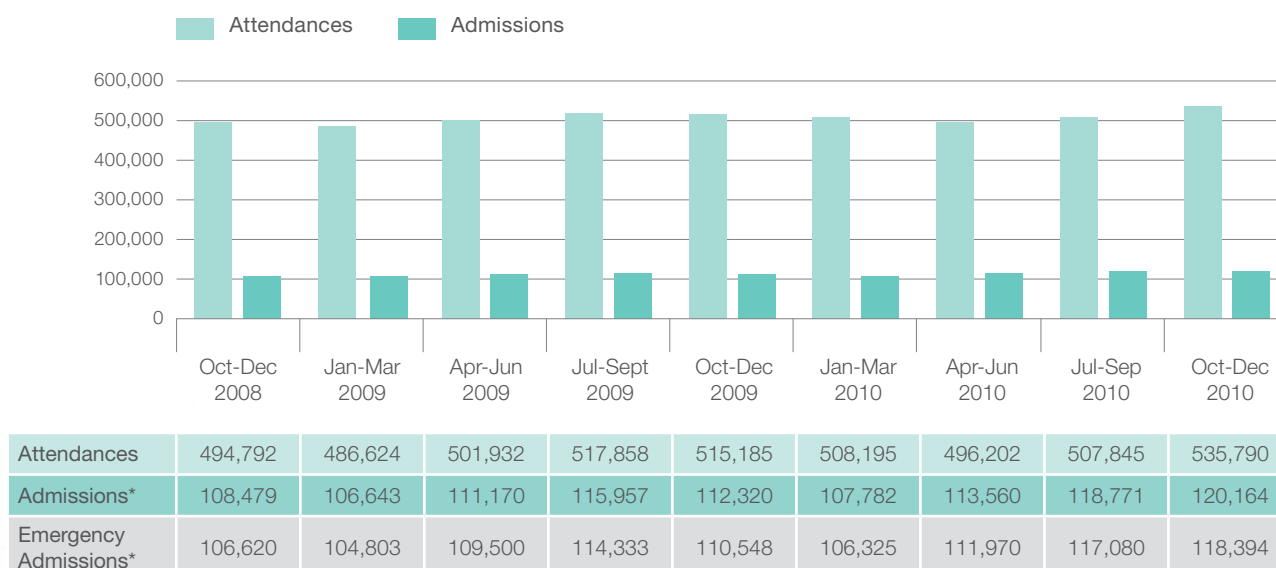
In the October to December 2010 quarter, there were more than half a million attendances (535,790) at public hospital emergency departments in NSW (Figure 13), up from the previous quarter (507,845 attendances):

- In October to December 2009, there were 515,185 attendances indicating an increase (4%) in the past year
- In October to December 2008, there were 494,792 attendances indicating an increase (8%) in the past two years.

This quarter had the highest number of attendances at NSW emergency departments over the past two years, eclipsing the historic high set during the swine flu pandemic which saw 517,858 attendances during July to September 2009 (Figure 14).

The number of patients in each urgency category for the past nine quarters is available for more than 60 emergency departments across NSW in the *Performance profiles: emergency department care, October to December 2010*, available at www.bhi.nsw.gov.au

Figure 13: Attendances at, and admissions from, NSW emergency departments, October 2008 to December 2010



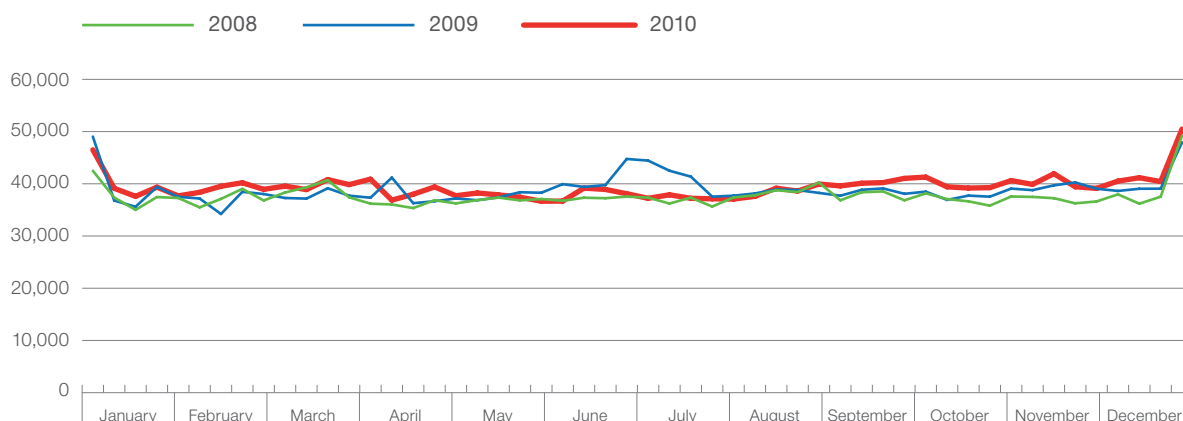
(*) Admissions refers to all admissions through the emergency department. Emergency admissions refers only to those patients attending for an emergency or unplanned presentation, and who have a recorded triage category.

Note: Emergency department activity includes 87 facilities for which electronic data is reported. This covers approximately 85% of NSW emergency department activity.

Note: Numbers might differ slightly from those previously reported by the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted from the emergency department information system.

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Figure 14: Attendances at NSW emergency departments by week, January 2008 to December 2010



Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Arrivals by ambulance over time

In the October to December 2010 quarter, 128,151 patients (24% of all attendances) arrived at hospital by ambulance (Figure 11). An ambulance crew waits with a patient until emergency department staff can accept that patient into their care.

By comparison:

- In October to December 2009, 125,821 patients (24% of all attendances) arrived at hospital by ambulance
- In October to December 2008, 122,353 patients (25% of all attendances) arrived at hospital by ambulance.

In the October to December 2010 quarter, NSW did not achieve the state target for the proportion of patients arriving by ambulance being transferred into the care of emergency department staff within 30 minutes; 66% of patients were transferred compared to the 90% target.

By comparison:

- In October to December 2009, 72% of patients were accepted into the care of an emergency department within 30 minutes of the ambulance arriving
- In October to December 2008, 77% of patients were accepted into the care of an emergency department within 30 minutes of the ambulance arriving.

NSW has not met this target at a state level in the past two years (Table 7).

Emergency care targets over time

For the October to December 2010 quarter, NSW met or exceeded the national target for the percentage of patients seen within the recommended time for all triage categories except triage 3; 71% of patients were seen compared to the 75% target. NSW has not met the triage 3 target at a state level in the past two years (Figure 15).

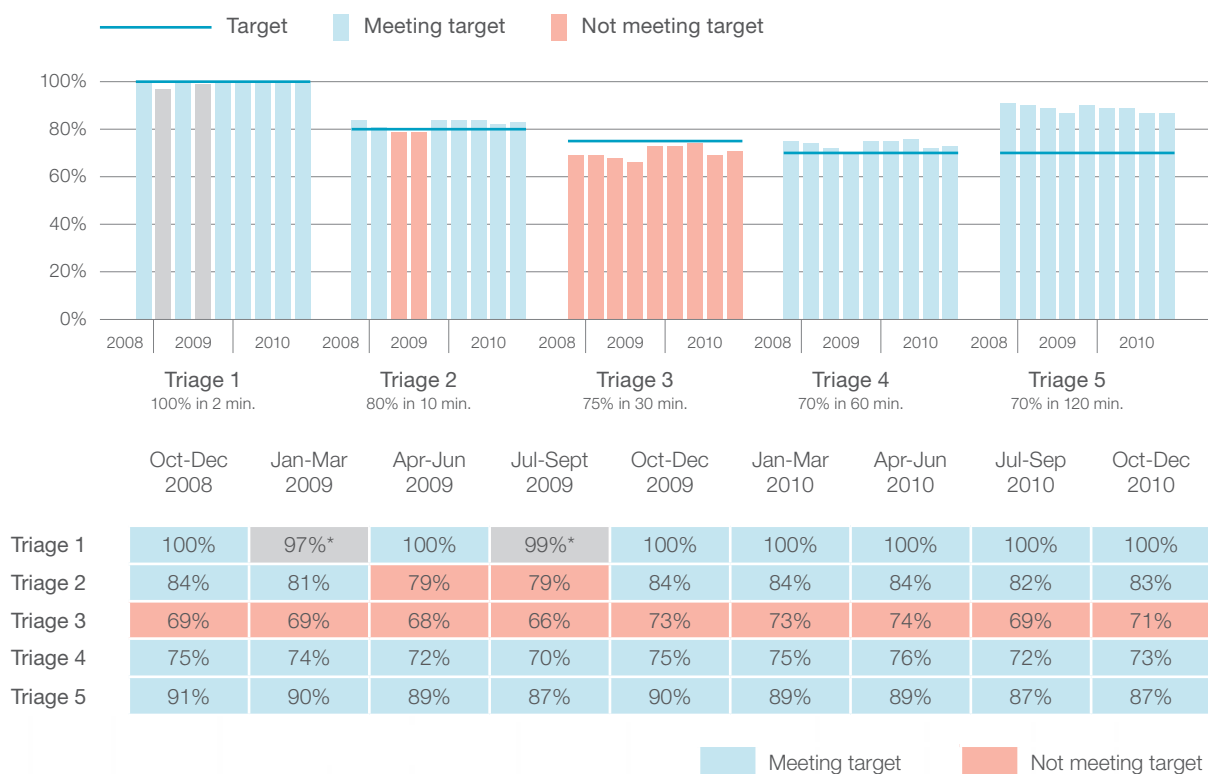
Table 7: Percentage of patients accepted into the care of the emergency department from an ambulance (off-stretcher performance) in NSW, October 2008 to December 2010

Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sept 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010	Oct-Dec 2010
77%	75%	71%	68%	72%	71%	68%	64%	66%

Target: 90% transferred within 30 min. ■ Not meeting target

Source: Data provided by NSW Ambulance Service on 24 January 2011.

Figure 15: Arrival to treatment targets in NSW emergency departments, October 2008 to December 2010



Note: At the start of the 2010-11 financial year, NSW modified the definition of triage performance. Patients who did not wait for care are excluded from this measure and arrival time is used if triage time is missing. Additional detail on the effect of this can be found in the Bureau's *Technical supplement: measures of emergency department patient activity and performance, July to September 2010*.

(*) Emergency department electronic records show these periods as having below 100% triage 1 performance (i.e. started to receive treatment within two minutes of being triaged). An investigation by the NSW Department of Health concluded that these electronic patient records contained data entry errors and all patients received treatment within two minutes of being triaged. The Bureau has reported the performance using electronic data available in the NSW Health Information Exchange on 18 January 2011.

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

In the October to December 2010 quarter, NSW did not achieve the target for the proportion of patients admitted to a hospital ward, intensive care unit or operating theatre from the emergency department within eight hours (EAP);

65% of patients were transferred compared to the 80% target. This level of performance is up from last quarter (61%), and down from one year ago (70%) and from two years ago (72%) as shown in [Table 8](#).

Table 8: Emergency admission performance (EAP) in NSW emergency departments, October 2008 to December 2010

Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sept 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010
72%	70%	68%	65%	70%	68%	67%	61%	65%

Target: 80% admitted within 8 hours ■ Not meeting target

Note: Percentages might differ slightly from those in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted from the emergency department information systems. The Bureau also used a different approach to calculating performance information from hospitals transitioning to the new emergency department information system (see page 38 for more information).

Note: At the start of the 2010-11 financial year, NSW modified the definition of EAP. Patients who died in the emergency department or were admitted and discharged from the emergency department are now included in this measure. In addition, the period now begins from the time of triage (or arrival time, if triage time missing) rather than the start of treatment. Pre-arranged admissions have also been excluded. Additional detail on the effect of this can be found in the Bureau's *Technical supplement: measures of emergency department patient activity and performance, July to September 2010*.

Source: Health Information Exchange, NSW Health. Data extracted on 18 January 2011.

Small number suppression

Some hospitals have very few patients in certain groups, for example, a hospital might have very few admissions from the emergency department. Small numbers in any group need to be treated cautiously both to protect the identity of patients and because of data variability.

The Bureau deals with this issue by suppressing any data that is based on very few patients. If there are fewer than 10 patients in any group, patient numbers or percentages will be replaced by a symbol referring to a footnote about small number suppression. At the discretion of the Bureau, the next smallest values may be suppressed if there is risk of disclosing the identity of patients.

Information systems in emergency departments

From October to December 2010, there were three hospitals that changed to a new electronic information system for patients in their emergency department. Following examination of the quality of electronic information for hospitals transitioning to new systems, the Bureau has concluded that, other than attendance numbers, information from the hospitals transitioning to new electronic information systems are not reliable enough to report.

The performance of these three hospitals is not reported in this *Hospital Quarterly* and electronic data from these hospitals was not used to calculate area health service, hospital peer group or NSW performance measures. These hospitals are Wagga Wagga Base Hospital, Dubbo Base Hospital and Griffith Base Hospital.

From July to September 2010, Bathurst Base Hospital, Goulburn Base Hospital and Orange Base Hospital transitioned to the new electronic information system. Caution is advised when considering results from these hospitals.

Hospital performance profiles for October to December 2010

The index below references all hospitals for which at least one hospital performance profile is available for the October to December 2010 quarter. Performance profiles are available for either elective surgery or emergency department

activity and performance. These are available for individual hospitals or all hospitals in a local health network or peer group and can be downloaded from the Bureau's website at www.bhi.nsw.gov.au

Hospital name	Local Health Network	Peer group	Elective surgery report	Emergency department report
Armidale and New England Hospital	Hunter New England	C1	x	x
Auburn Hospital	Western Sydney	BM	x	x
Ballina District Hospital	Northern NSW	C2	x	
Bankstown / Lidcombe Hospital	South Western Sydney	BM	x	x
Bateman's Bay District Hospital	Southern NSW	C2	x	
Bathurst Base Hospital	Western NSW	C1	x	x
Bega District Hospital	Southern NSW	C1	x	
Belmont Hospital	Hunter New England	C1	x	x
Blacktown Hospital	Western Sydney	BM	x	x
Blue Mountains District Anzac Memorial Hospital	Nepean Blue Mountains	C2	x	x
Bowral and District Hospital	South Western Sydney	C1	x	x
Broken Hill Base Hospital	Far West	C1	x	x
Bulli District Hospital	Illawarra Shoalhaven	C2	x	x
Calvary Mater Newcastle	Hunter New England	A3	x	x
Camden Hospital	South Western Sydney	C2		x
Campbelltown Hospital	South Western Sydney	BM	x	x
Canterbury Hospital	Sydney	BM	x	x
Casino and District Memorial Hospital	Northern NSW	C2	x	
Cessnock District Hospital	Hunter New England	C2	x	x
Coffs Harbour Base Hospital	Mid North Coast	BNM	x	x
Concord Hospital	Sydney	A1	x	x
Cooma Health Service	Southern NSW	C2	x	
Cowra District Hospital	Western NSW	C2	x	
Deniliquin Health Service	Murrumbidgee	C2	x	
Dubbo Base Hospital	Western NSW	BNM	x	x

Hospital name	Local Health Network	Peer group	Elective surgery report	Emergency department report
Fairfield Hospital	South Western Sydney	BM	x	x
Forbes District Hospital	Western NSW	C2	x	
Gosford Hospital	Central Coast	A1	x	x
Goulburn Base Hospital	Southern NSW	C1	x	x
Grafton Base Hospital	Northern NSW	C1	x	x
Griffith Base Hospital	Murrumbidgee	C1	x	x
Gunnedah District Hospital	Hunter New England	C2	x	x
Hawkesbury District Health Service	Nepean Blue Mountains	C1		x
Hawkesbury Private Hospital - public contract services	Nepean Blue Mountains	C1	x	
Hornsby and Ku-Ring-Gai Hospital	Northern Sydney	BM	x	x
Inverell District Hospital	Hunter New England	C2	x	x
John Hunter Hospital	Hunter New England	A1	x	x
Kempsey Hospital	Mid North Coast	C2	x	x
Kurri Kurri District Hospital	Hunter New England	C2	x	x
Lismore Base Hospital	Northern NSW	BNM	x	x
Lithgow Health Service	Nepean Blue Mountains	C2	x	x
Liverpool Hospital	South Western Sydney	A1	x	x
Macksville District Hospital	Mid North Coast	C2	x	
Macleay District Hospital	Northern NSW	C2	x	
Maitland Hospital	Hunter New England	BNM	x	x
Manly District Hospital	Northern Sydney	BM	x	x
Manning Base Hospital	Hunter New England	BNM	x	x
Milton and Ulladulla Hospital	Illawarra Shoalhaven	C2	x	x
Mona Vale and District Hospital	Northern Sydney	BM	x	x
Moree District Hospital	Hunter New England	C2	x	x
Moruya District Hospital	Southern NSW	C2	x	
Mount Druitt Hospital	Western Sydney	C1	x	x
Mudgee District Hospital	Western NSW	C2	x	
Murwillumbah District Hospital	Northern NSW	C2	x	x
Muswellbrook District Hospital	Hunter New England	C2	x	x
Narrabri District Hospital	Hunter New England	C2	x	x
Nepean Hospital	Nepean Blue Mountains	A1	x	x
Orange Base Hospital	Western NSW	BNM	x	x

Hospital name	Local Health Network	Peer group	Elective surgery report	Emergency department report
Pambula District Hospital	Southern NSW	C2	x	
Parkes District Hospital	Western NSW	C2	x	
Port Macquarie Base Hospital	Mid North Coast	BNM	x	x
Prince of Wales Hospital	South Eastern Sydney	A1	x	x
Queanbeyan Health Service	Southern NSW	C2	x	
Royal Hospital for Women	South Eastern Sydney	A3	x	
Royal North Shore Hospital	Northern Sydney	A1	x	x
Royal Prince Alfred Hospital	Sydney	A1	x	x
RPAH Institute of Rheumatology and Orthopaedics	Sydney	A1	x	
Ryde Hospital	Northern Sydney	C1	x	x
Shellharbour Hospital	Illawarra Shoalhaven	C1	x	x
Shoalhaven and District Memorial Hospital	Illawarra Shoalhaven	BNM	x	x
Singleton District Hospital	Hunter New England	C2	x	x
St George Hospital	South Eastern Sydney	A1	x	x
St Vincent's Hospital, Darlinghurst	St. Vincent's and Mater	A1	x	x
Sutherland Hospital	South Eastern Sydney	BM	x	x
Sydney Children's Hospital	Sydney Children's Network	A2	x	x
Sydney Eye Hospital	South Eastern Sydney	A3	x	x
Sydney Hospital	South Eastern Sydney	A3	x#	x
Tamworth Base Hospital	Hunter New England	BNM	x	x
The Children's Hospital at Westmead	Sydney Children's Network	A2	x	x
The Tweed Hospital	Northern NSW	BNM	x	x
Tumut Health Service	Murrumbidgee	C2	x	
Wagga Wagga Base Hospital	Murrumbidgee	BNM	x	x
Westmead Hospital	Western Sydney	A1	x	x
Wollongong Hospital	Illawarra Shoalhaven	A1	x	x
Wyong Hospital	Central Coast	BM	x	x
Young Health Service	Murrumbidgee	C2	x	

* For elective surgery, activity and performance for Sydney Hospital and Sydney Eye Hospital are presented in a single performance profile. This is because waiting list data for patients at these two hospitals use the same code in the waiting list database.

What's next?

The Bureau of Health Information publishes *Hospital Quarterly* every three months. The next issue will include information on emergency departments and expanded sections about patients who spend one or more days in public hospitals and surgical care in NSW.

The Bureau also releases an annual report that benchmarks the performance of the NSW public health system against other comparable health systems. The most recent annual report, *Healthcare in Focus: how NSW compares internationally, December 2010*, is available at www.bhi.nsw.gov.au

Data quality assessments

Elective surgery information systems for patients of NSW public hospitals as of 15 October 2010

Strengths

NSW Department of Health publishes a range of measures of elective surgery in NSW providing insight into waiting times and care processes.

WLCOS contains records for all patients receiving elective surgery in public hospitals in NSW as well as public patients in private hospitals; coverage is high.

Completeness of data in WLCOS is high with systems in place to check data quality.

Opportunities

The Bureau of Health Information supports rigorous, consensus-based and evidence-informed processes to identify meaningful performance indicators for elective surgery. These indicators should identify information needs and inform the future design of information systems in NSW.

More information about the quality of data on WLCOS and opportunities to improve is available from the Bureau of Health Information in *Data quality assessment: elective surgery information systems for patients of NSW public hospitals, July to September 2010* at www.bhi.nsw.gov.au

Information systems in NSW emergency departments as of 15 October 2010

Strengths

Electronic information systems from 87 of the 189 emergency departments in NSW contribute data on, for example, attendance numbers, triage categorisation, mode of separation and measured time periods to a central data warehouse in NSW called the Health Information Exchange (HIE). There are jurisdictions in Australia and overseas that do not have electronic information systems in public hospital emergency departments as comprehensive as those in NSW.

There are NSW Health policy directives and also quality assurance processes in place to provide a broad framework to support data quality.

Electronic systems support performance estimates at hospital, area health service and state level.

Opportunities

Electronic information systems are not available in all emergency departments in public hospitals across NSW. If they were, access to electronic data to better monitor and manage care could be simpler and faster. Also, the identification of patients to participate in patient surveys could be done centrally to allow for stratification and other complex methods to reduce survey bias. To ensure the most appropriate use of health funding, a cost-benefit analysis may inform the decision process.

Electronic record systems are used to create key public reporting performance indicators, such as triage performance and waiting periods. Other indicators of performance are calculated and used internally by NSW Health. The Bureau recommends a broader suite of publicly released performance indicators, which would improve the transparency of healthcare in NSW and provide the public and healthcare professionals with greater understanding of how NSW emergency departments perform.

Regular public reporting by the NSW Department of Health summarising the results of routine data quality assessments or ad hoc audits of the completeness and accuracy of information systems' data would inform public debate about the quality of information on waiting times in emergency departments and build consensus for areas of improvement.

The Bureau has published this data quality assessment to offer suggestions to improve the relevance of information systems on care in emergency departments and to enhance transparency regarding data quality of electronic information systems.

More information about the quality of data on information systems in emergency departments and opportunities to improve is available from the Bureau of Health Information in *Data quality assessment: information systems in NSW emergency departments, July to September 2010* at www.bhi.nsw.gov.au

Acknowledgments

The Bureau of Health Information acknowledges the advice provided by its emergency department advisory committee, which was established to advise on the quality of available data and content for the Bureau's reports on emergency department care. Members include: Dr Carolyn Hullick, Director of Emergency Medicine, Hunter New England Area Health Service; Dr Paul Middleton, Director of Research, Senior Medical Advisor, Ambulance Service; Ms Margaret Murphy, Clinical Nurse Consultant, Emergency Services Westmead Hospital; Dr Matthew O'Meara, Paediatric Emergency Physician, Sydney Children's Hospital; Dr Patricia Saccasan Whelan, Director of Critical Care and Deputy Health Services Functional Area Coordinator for Disasters, Greater Southern Area Health Service; Ms Meg Tuipulotu, Nursing Co-Chair Rural Critical Care Taskforce, CNC Critical Care & Emergency.

The Bureau of Health Information acknowledges the advice provided by its elective surgery advisory committee, which was established to advise on the quality of available data and content for the Bureau's reports on elective surgery. Members include: Professor Ian Harris, Liverpool Hospital; Dr Michael McGlynn OAM, Prince of Wales Private Hospital; Dr Mark Sheridan, Liverpool Health Service; Dr Grahame Smith, Children's Hospital Westmead; Jenny Cubbitt, Canterbury Hospital.

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Contributors to the report

The *Hospital Quarterly* report series represents the work of many Bureau and contract staff, who validated the data and provided much of their valuable time and support in the production of these documents.

The core project team responsible for this report comprises:

- **Sylvia Bell**, Communications
- **Kellie Bisset**, Editor
- **Jason Boyd**, Principal writer
- **Sonj Hall**, Deputy Chief Executive
- **Jill Kaldor**, Analyst
- **Behnoosh Khalaj**, Analyst
- **Doug Lincoln**, Analyst
- **Sally Prisk**, Graphic designer
- **Diane Watson**, Chief Executive

About the Bureau

The Bureau of Health Information was established by the NSW Government in 2009 as an independent, board-governed organisation. The Bureau aims to be the leading source of information on the performance of the public health system in NSW.

The Bureau's Board

- Professor Bruce Armstrong AM (Chair)
- Professor Jane Hall
- Mrs Liz Rummery AM
- Dr Don Weatherburn
- Ms Sue West
- Dr Diane Watson (Chief Executive)

The Bureau's Mission

The Bureau provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of people in NSW.

To contact the Bureau of Health Information

Telephone: +61 2 8644 2100

Fax: +61 2 8644 2119

Email: enquiries@bhi.nsw.gov.au

Web: www.bhi.nsw.gov.au

Postal address:

PO Box 1770
Chatswood
New South Wales 2057
Australia

Business address:

Zenith Centre Tower A
821 Pacific Highway
Chatswood
New South Wales 2067
Australia

The Bureau of Health Information is a statutory health corporation. The conclusions in this report are those of the Bureau of Health Information and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

BUREAU OF HEALTH INFORMATION

PO Box 1770
Chatswood NSW 2057
Australia
Telephone: +61 2 8644 2100
www.bhi.nsw.gov.au